



User Manual

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Registration & Related Information

RI

Before registering a new patient, we recommend confirming whether or not that person is already in the system.

This can be done via the **Lookup** tab on the RI screen, or by clicking **F3** to prompt the Lookup screen, where you can verify whether or not the patient is already in the system.

If the patient is not yet entered in the system, follow the instructions outlined in the following pages.

(RI) Registration & Related Information (Patient, Responsible Party & Subscriber/Insured)

What do I do if the person is not registered?

1. Click **Data Entry** to initiate the Registration process
2. Click the # or F2 to assign the **Permanent ID** (this is an internal # used by INCISIVE PM which has no affect on the patient record #s assigned by your clinic). *NOTE: INCISIVE PM defaults the permanent ID number, but you have the option to change it.*
3. Depending on the classification of the person (Responsible Party, Patient, Subscriber/Insured), certain fields are required (fields that are not required will be grayed out).
4. **Reg Status - Patient:** Check if the person you are registering is seeing the physician.
5. **R/Party:** Check if the person you are registering is responsible for the account.
Subscriber/Insured: Check if the person you are registering is a subscriber of an insurance plan that is billed for services. *NOTE: If there are multiple subscribers, you will need to register each subscriber separately.*
6. Continue until you have finished entering all the data:
 - a) **Name - Last*:** Enter the person's last name.
 - b) **First:** Enter the person's first name.
 - c) **Address:** Enter the person's address (Per Medicare EDI Department: **NO** commas, periods or # symbols.)
 - d) **Date of Birth/Age:** Enter the person's date of birth, age and gender.
 - e) **Social Security No:** Enter the person's social security number.
 - f) **Primary Ph Number:** Enter the person's primary phone number and any additional contact information.

- g) **R/P Default Payee:** Automatically fills in
- h) **R/P Def Fee Sch:** Choose if Default, Medicare, Medi-Cal, etc.
- i) **R/P Classification:** This allows you to group R/P for statement processing purposes.
- j) **HIPAA Notice Dte:** The date the paperwork was sign in office.
- k) **Pt Classification:** You can identify the insurance/account type (e.g. HMO, PPO, etc.).

The screenshot shows the 'Coverage Case Info' tab in the INCISIVE PM software. The 'Lookup' pane on the left lists patients with columns for ID, DOB, and Name. The main form area contains several sections: 'Cov/Case Title' (highlighted in red), 'Description' (highlighted in green), 'C/C - Eff Date' (highlighted in green), 'Trm' (highlighted in blue), 'Ptn' (highlighted in orange), and 'Save' (highlighted in black). Other fields include 'Ref Doctor - Id', 'Pt Lst Seen', 'Supervising Doc', 'PCP Doctor', 'Employer - ID', 'Employer Name', 'Work Status', 'Marital Sts', 'Symptoms Date', 'Similar Condition Dt', and 'Accident Date'.

1. Click "Page Down" to go to the **Coverage Case Info** tab to fill in the following information:
 - a) **Cov/Case Title:** Enter the Insurance Name Code.
 - b) **Description:** Enter a description of the insurance, if necessary.
 - c) **C/C - Eff Date:** Coverage Case Effective Date provides the opportunity to enter coverage Effective Date.
 - d) **Trm:** Coverage Case Termination Date, enter the termination date of coverage, if applicable.
 - e) **Resp Party:** Defaults if the person is checked as the responsible party on the General Tab.
 - f) **Financial Class:** Click on the **ellipsis**, the majority of the classes are pre-entered. Just pick and select.
 - g) **Billing Provider:** Click on the **ellipsis** and select the Billing Provider.
 - h) **Facility:** Click on the **ellipsis**, and select the Facility.
 - i) **Ref Doctor - Id:** Click on the **ellipsis** and select a Referring Physician, if applicable .
 - j) **Pt Lst Seen:** Date patient last seen by referring physician, if applicable.
 - k) **Supervising Doc:** Supervising Physician, if applicable.
 - l) **PCP Doctor:** Primary Care Physician, if applicable.
 - m) **Employer - ID:** ID of employer, if applicable.
 - n) **Employer Name:** If an Employer Id is selected, the Employer Name is automatically populated.
 - o) **Work Status:** Click on the **ellipsis** and choose a work status, if applicable.
 - p) **Marital Sts:** Marital Status, if applicable.
 - q) **Symptoms Date:** Enter a symptom date, if applicable. This prints in box 14 of the CMS 1500 claim form.
 - r) **Similar Condition Dt:** Enter a similar condition date, if applicable. This prints in box 14 of the CMS 1500 claim form.
 - s) **Accident Date:** Enter an accident date, if applicable. This prints in box 14 of the CMS1500 claim form.

- t) **Job Related (Check Box):** Check box if accident is job related. This prints in box 10a of the CMS 1500 claim form.
 - u) **Oth Acdt (Check Box):** Check box if the accident is not job related. This prints in box 10c of the CMS1500 claim form.
 - v) **LMP Date:** Enter Last Menstrual Period Date, if applicable. This prints in box 14 of the CMS 1500 claim form.
 - w) **Auto – Accident (Check Box):** Check box if accident is auto related, if applicable. This prints in box 10b of the CMS 1500 claim form.
 - x) **PI:** Enter the state the auto accident occurred, if applicable. This prints in box 10b of a CMS 1500 claim form.
2. Click "Page Down" to go to the Additional Information tab to fill in the following information:
- a) **Initial Trmt Dte:** Enter an initial treatment date, if applicable.
 - b) **Last Xray Date:** Enter the last x-ray date, if applicable.
 - c) **Work – Last Date:** Enter last date worked, if applicable. This prints in box 16 of the CMS 1500 claim form.
 - d) **Return Dte:** Enter date authorized to return to work, if applicable.
 - e) **Disability Status:** Enter disability status code, if applicable.
 - f) **Hosp-Frm and To Date:** Enter hospitalization from and to date, if applicable. This prints in box 18 of the CMS 1500 claim form.
 - g) **Disability-Frm and To Date:** Enter disability from and to date, if applicable.
3. Click "Page Down" to go to the Insurance Information tab to fill in the following information:
- a) **Insurance Company:** Enter the Insurance Company, or click on the **ellipsis** to select Insurance Company.
 - b) **Claim Type:** Defaults accordingly with the insurance company.
 - c) **P/CIm(Process Claims):** Should almost always be "Yes" .
 - d) **Form(Claim Form):** Select Electronic or Paper.
 - e) **Subscriber/Insured:** Defaults if this person is checked as the subscriber on the General Tab.
 - f) **R'ltn(Relationship):** Relationship of the subscriber to the patient. If the subscriber is someone other than the patient, you will need to register the subscriber as a person.
 - g) **Member No:** Enter the membership number, employer and group number.
 - h) **Employer:** Automatically entered when an Employer Name is entered above.
 - i) **Grp Number:** Enter the group number, if applicable.
 - j) **Prior Auth No:** Enter the Prior Authorization Number, if applicable. This prints in box 23 of the CMS 1500 claim form.
 - k) **Claim Number:** Enter claim number for worker comp, if applicable.
 - l) **Block 19 – Local Use:** Enter information that needs to print in box 19 of the CMS 1500 claim form, if applicable.
 - m) **Block 10d – Local Use:** Enter information that needs to print in box 10d of the CMS 1500 claim form, if applicable.
 - n) **Comments:** Enter any comments, if needed.
 - o) **Release SOF (Check Box):** Release of Signature on File. This prints in box 12 of the CMS 1500 claim form.
 - p) **Payment SOF (Check Box):** Payment of Signature on File. This prints in box 13 of the CMS 1500 claim form.
 - q) **Patient Co-Pay:** Enter patient co-pay, if applicable.

- r) **Medically Unnecessary (Check Box):** Leave blank.
 - s) **Patient Status – Other (Check Box):** Leave Blank.
4. Click the Save button in the lower right corner of the screen.

Registration

Patient, Responsible Party & Subscriber-Single Insurance

[RI] Registration and Related Information - (44) Montes, Ann [AM 07/05/2007 03:19 PM]

General Coverage/Case Info Add'l Information Notes/Follow-Up Appointments Administrative Documents Attachments

PC

Cov/Case Title: PC
Description: PacifiCare
C/C - Eff Date: 07/05/2007 Trm:
Resp Party: 44 Montes, Ann
Financial Class: HMO HMO
Billing Provider: 1 DUNLOP, DON
Facility: 1 OFFICE
Ref Doctor - Id: 2 DUNLOP-SALEMI, DON
Pt Lst Seen: 06/05/2007
Supervising Doc:
PCP Doctor:
Employer - Id: 1 TELECOMM COMPUTER SYSTEMS
Employer Name: TELECOMM COMPUTER SYSTEMS
Work Status: E Employed Marital Sts: M Married
Symptoms Date:
Accident Date:
LMP Date:
Similar Condition Dt:
Job Related:
Oth Acct:
Auto - Accident:
PI:
ADDITIONAL INFORMATION:
Initial Trmt Dte:
Hosp - Frm Dte:
Last Xray Date:
To:
Work - Last Dte:
Disabil - Frm Date:
Return Dte:
To:
Disability Status:
Insurance Information:

Insurance Company	Claim Type	P/Clt	Form	Subscriber/Insured	R'tn	Member No	Employer	Grp Number	Prior
5 PACIFICARE	DEFAULT	Y	E	44 Montes, Ann	S	1285964	TELECOMM COMPUTER SYSTE		

Release SOF: ☒ Medically Unnecessary: ☐ Default Diagnosis Code:
Payment SOF: ☒ Patient Status - Other: ☐ *
Patient Copay: \$25.00

Documents Other Actions Error Check Save Save-Next: ...

In the example shown here, the patient has a single **Insurance Company** (Pacific Care).

Registration

Patient, Responsible Party & Subscriber–Dual Insurance

The screenshot displays the 'Registration and Related Information' window for patient (44) Montes, Ann. The 'Insurance Information' section is highlighted with a red circle, showing two insurance carriers: PACIFICARE and AETNA. The 'P/Clim' column is set to 'Y' for both, indicating dual insurance coverage.

Insurance Company	Claim Type	P/Clim	Form	Subscriber/Insured	R/tn	Member No.	Employer	Grp Number	Prior
5 PACIFICARE	DEFAULT	Y	E	44 Montes, Ann	S	1285964	TELECOMM COMPUTER SYSTEMS		
8 AETNA	DEFAULT	Y	E	44 Montes, Ann	S	789644444	TELECOMM COMPUTER SYSTEMS		

In the example shown here, the patient has dual insurance coverage. When the patient has insurance through more than one carrier, you will need to verify two pieces of information:

1. Will the primary insurance company forward information to the secondary insurance company?
2. Do you need to produce a secondary claim?

The answers to these questions determines whether to send out a claim to the secondary insurance. For example, Medicare can forward the claim directly to the secondary after they have paid their portion. If the secondary carrier is unable to forward the claim, you will need to generate the second claim.

Under Insurance Information **P/Clim** would be set to **Y** if you want generate the second claim. Select **N** if you do not require the second claim.

Registration

(Patient Different than Responsible Party/Subscriber)

[RI] Registration and Related Information - (102) Jones, Pamela {madmin 11/20/2006 10:17 AM}

General Coverage/Case Info Add'l Information Notes/Follow-Up Appointments Administrative Documents Attachments

Permanent Id: 102 Related Inform: [...]

Reg Status - Patient: [X] Id: 102

R/Party: [X] Id: [...]

Subscriber/Insured: [X] Id: [...]

Name - Last: Jones

First: Pamela MI: [X] [X]

Address: 5151 Adams St

Address: [...]

Zip Code: 92504 Riverside CA

City: Riverside St: CA

Date of Birth/Age: 05/01/2004

Gender: Female [X] [X] Single

Social Security No: [X] Dr Lic: [X]

Primary Ph Num: 951-688-8100 Ext: [X]

Cell Ph Num: [X] Fax: [X]

Email: [X]

Employer: [X]

Empl Name/Title: [X]

Work Ph Num: [X] Ext: [X]

Lang Preference: [X]

R/P Default Payor: [X]

R/P Def Fee Sch: [X]

R/P Classification: [X]

HIPAA Notice Dte: [X] Disc Allow %: [X]

Pt Classification: [X]

Appointment Hold: [X] Statement Hold: [X]

Alerts: [X]

Inactive: [X] Dis Inact: [X] Disallow Mgr: [X]

Documents Other Actions Error Check Save Save Next

In some cases (e.g. child & parent), the registered patient is not the responsible party. When this is the case, you will need to register additional individuals (responsible party/subscriber) in order to complete the patient registration. This is accomplished by “drilling down” in the **R/ Parties** and **Subscriber/Insured** fields.

[RI] Registration and Related Information - (2160) Smith, Mildred {Stephanie 08/07/2005 10:02 AM}

Lookups (Active Only) General Coverage/Case Info Notes/Follow-Up Appointments

Last Name S/w smith

First Name S/w mil

SSN S/w [X]

Date Of Birth = [X]

Primary Phone # S/w [X]

Patient Id S/w [X]

Pt Id DOB Name

2160 08/17/1970 Smith, Mildred

Permanent Id: 2160 RELATED INFORM

Reg Status - Patient: [X] Id: [X]

R/Party: [X] Id: 2160

Subscriber/Insured: [X] Id: 2160

Name - Last: Smith

First: Mildred MI: [X]

Address: 2569 Ala Aloha Way

Address: [X]

Alerts: [X]

Patients Insured By Registrant

2159 Smith, Leialoha

The name of the responsible party appears under **Responsible Parties By Registrant** on the patient's “General” tab.

Adding a Responsible Party/Subscriber

The screenshot displays the 'Registration and Related Information' window for patient 'Jones, Pamela'. The 'Coverage/Case Info' tab is active. The 'Responsible Party' field is highlighted with a green circle. Below the form, a table lists insurance information, with the 'Subscriber/Insured' field highlighted by a green oval.

Insurance Company	Claim Type	P/Chk	Form	Subscriber/Insured	Alt	Member No	Employer	Grp Number	Prior
Blue Cross of Ill	Default			101		456456456			

If the patient is not the same as the Responsible Party, you will need to add an additional registration to complete the registration of the patient. This is done by clicking on the **ellipsis** in the **Resp Party** and **Subscriber/Insured** fields under the **Coverage/Case Info** tab.

After you have entered the data, the **Responsible Party** name appears on the Patient's "General" tab in both the **Resp Party** and **Subscriber/Insured** fields.

Registration

(Patient, Responsible Party & Subscriber-Dual Coverage that Changes)

The screenshot shows the 'Coverage/Case Info' tab in the INCISIVE PM software. The 'Trm Date' field is highlighted with a red circle, and the '+' sign in the top right corner is circled in blue. The form contains various fields for patient and insurance information, including 'C/C - EIP Date', 'Responsible Party', 'Billing Provider', and 'Insurance Information'.

If a patient's insurance coverage terminates, you will need to modify the registration under the **Coverage/Case Info** tab.

1. Enter the **Trm Date**; this will **italicize** that Insurance Tab.
2. To add the new coverage, click the **+** sign in the top right corner.
3. Updating the effective date is optional.

As a general rule, if the Coverage/Case Info changed, but the insurance company remained the same, do not enter a termination date; keep the same Coverage/Case Info. (If necessary, enter your notes in the description field.)

Enter a termination date if a Workers Comp case is closed, so you don't accidentally enter charges under that coverage.

Registration

Workers Compensation

[RI] Registration and Related Information - (12) GUZMAN, RAUL [madmin 05/23/2007 08:50 AM]

Lookup Data Entry Cancel Query

General Coverage/Case Info Add'l Information Notes/Follow-Up Appointments Administrative Documents Attachments

Permanent Id: * 12 Related Inform: ...

Reg Status - Patient: ☒ Id: 12 R/P Bal: \$0.00

R/Party: ☒ Id: 12

Subscriber/Insured: ☒ Id: 12

Name - Last: * GUZMAN

First: RAUL MI: NN:

Address: 11933 TAYLOR CT

Address:

Zip Code: 92507 RIVERSIDE CA

City: RIVERSIDE St: CA

Date of Birth/Age: 01/01/1975 32

Gender: Male MS: S Single

Social Security No: Dr Lic:

Primary Ph Num: Ext:

Cell Ph Num: Fax:

Email:

Employer: 1 TELECOMM COMPUTER SYSTEMS

Empl Name/Site: TELECOMM COMPUTER SYSTEMS

Work Ph Num: 951-688-8100 Ext:

Lang Preference:

R/P Parties Patients Insured Patients

Registrant's Responsible Parties	R/P Bal
12 GUZMAN, RAUL	\$0.00

Alerts

R/P Default Payor: 1 DON DUNLOP MD

R/P Def Fee Sch: WC WORKMENS COMP

R/P Classification:

HIPAA Notice Dte:

Pt Classification:

Appointment Hold: ☐ Statement Hold: ☐

Date - First Seen: 03/23/07 Last Seen: 05/24/07

Inactive: ☐ Dte Inact: Disallow Use: ☐

Documents Other Actions Error Check Save Save-Next:

- When registering a Workmens Comp patient, confirm that you are on the **General** tab and select "WC - Workmens Comp" (**R/P Def Fee Sch:**).
- Enter the following information.
 - C/C - Eff Date:** Enter the Coverage/Case Effective Date
 - Trm:** Enter the Termination Date, if applicable
 - Financial Class:** Select Workers Comp
 - Billing Provider:** Name of Physician
 - Facility:** Enter location where patient was treated
 - Ref Doctor ID:** Name of referring physician if applicable

WC

Cov/Case Title: * WC

Description:

C/C - Eff Date: 03/23/2007 Trm:

Resp Party: 12 GUZMAN, RAUL

Financial Class: WC WORKMENS COMP

Billing Provider: 1 DUNLOP, DON

Facility: 1 OFFICE

Ref Doctor - Id: 1 DUNLOP, DON

Pt Lst Seen:

Supervising Doc:

PCP Doctor:

3. Under the Coverage/Case Info tab, enter the following information.

- a) **Employer -ID:** An Employer ID MUST be entered.
- b) **Work Status (AT TIME OF ACCIDENT):** The work status of the employee MUST be entered.
- c) **Symptoms Date:** Leave blank.
- g) **Similar Condition Dt:** Leave blank.
- h) **Accident Date:** Enter the date the job related incident occurred. This prints in box 14 of the CMS 1500 claim form.
- d) **Job Related (Check Box):** Check box. This prints in box 10a of a CMS 1500 claim form.
- e) **Oth Acdt (Check Box):** Leave blank.
- f) **LMP Date:** Leave blank.
- g) **Auto – Accident (Check Box):** Leave blank.
- h) **PI:** Leave blank.

4. Under Insurance Information, you will need to enter the following information:

- a) **Insurance Company:** Enter the Workers Comp Insurance.
- b) **Claim Type:** Defaults accordingly with the insurance company.
- c) **P/Clm(Process Claims):** Should almost always be Yes .
- d) **Form(Claim Form):** Select Electronic or Paper.
- e) **Subscriber/Insured:** Defaults if this person is checked as the subscriber on the General Tab.
- f) **R'ltn(Relationship):** Relationship of the subscriber to the patient. If the subscriber is someone other than the patient, you will need to register the subscriber as a person.
- g) **Member No:** Enter the membership number, employer and group number.
- h) **Employer:** Automatically entered if an Employer Name is entered above.
- i) **Grp Number:** Enter the group number, if applicable.
- j) **Prior Auth No:** Enter the Prior Authorization Number, if applicable. This prints in Box 23 of the CMS 1500 claim form.
- k) **Claim Number:** Enter claim number for Workers Comp.
- l) **Block 19 – Local Use:** Enter information that needs to print in box 19 of the CMS 1500 claim form, if applicable.
- m) **Block 10d – Local Use:** Enter information that needs to print in box 10d of the CMS 1500 claim form, if applicable.
- n) **Comments:** Enter any comments, if needed.
- o) **Release SOF (Check Box):** Release of Signature on File. This prints in box 12 of a CMS 1500 claim form .

- p) **Payment SOF (Check Box):** Payment of Signature on File. This prints in box 13 of the CMS 1500 claim form.
 - q) **Patient Co-Pay:** Enter patient co-pay, if applicable.
 - r) **Medically Unnecessary (Check Box):** Leave blank.
 - s) **Patient Status – Other(Check Box):** Leave Blank.
5. Click the [Save](#) button in the lower right corner of the screen.

Insurance topics	CE/PE/RI
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When working with patients and insurance carriers, a number of variables come into play. In the following pages, we will cover the following topics:

What to I do when the secondary insurance allowable is higher than the primary insurance allowable?

How do I handle non-participating insurance carriers?

How do I manage AIPO (Accept Insurance Payment Only) patients?

Please note that the screen you use will depend on the task at hand. The Charge Entry (CE), Payment Entry (PE) and Registration and Related Information (RI) screens are all used in the following examples.

What do I do when the secondary insurance allowable is higher than the primary insurance?

[CE] Charge Entry/Information - (390) PT: Akasaka, Linda DOS: 1/16/2006 DOC: Mahalo, Carolyn {Stephanie 02/14/2006 04:41 PM}

Lookup Data Entry Cancel Query ? Full Rights

General **Ins Coverage/Service Detail** Apply Pymt Financial Mgmt Claim/Stmts History Procedure Pay Appeals/Follow-up

Insurance Information:

Insurance Company*	Inact	Claim Type*	P/Clt	Form	Subscriber/Insured	R'tn	Member No.	Employer	Grp Number	A/A	P
HMAA	<input type="checkbox"/>	Commercial - Grou	N	P	111 Akasaka, Linda	S	576986635			<input checked="" type="checkbox"/>	
HMSA	<input type="checkbox"/>	HMSA	N	E	111 Akasaka, Linda	S	H000010212951			<input checked="" type="checkbox"/>	

Release SOF: ☒ Medically Unnecessary: ☐ Champus - Branch: Ins Payment Waiting Period:

Payment SOF: ☒ Patient Status - Other: ☐ Duty Status:

Global Coverage:

Chrg Id*	Exp Date	Procedure Code	Svc Date	Days

Diagnosis Code*

Code	Description
465.9	Acute upper respiratory infection, site unspecified

Procedures:*

Procedure Code*	Add'l Mod	POS*	Fee Schedule	Start Date	End Date	Qty	Dx Line No.	Profile Amt	Patient Amt	Charge Amt	Co-Pay	Tax	D
99213		11	D	01/16/2006	01/16/2006	1	1	\$0.00	\$0.00	\$65.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Patient Copay:

Tot Prf: \$0.00 Tot Pat: \$0.00 Tot Chg: \$65.00

Documents Other Actions Error Check Save Save-Next

In this case the office visit was filed with dual insurance coverage, as seen on the Charge Entry/Information (CE) screen shown above. Please note that the **Charge Amt.** is \$65.00

[PE] Payment-Adjustment Entry/Information - (283) HMAA [Stephanie 02/14/2006 04:38 PM]

LookUp Data Entry Cancel Query Full Rights

General

Payment Id:* 283 Trans Date:* 02/01/06 Dep: 02/01/06 Posted:

From - Ins Co: HMAA HMAA Classification:* HMA/HMAA Amount:* \$25.00

R/Party: Pymt Method: CK Check

Trans Type:* P EOB, Payment, or Pay w/Adj Chk No./Refer: ck#569635 Comment:

Akasaka-01/16/2006-390

Patient: Charge:* 390 Akasaka, Linda Ins Co: #1 - HMAA R/P Bal: \$0.00 Auto Apply H HMSA

Open Charges - Insurance:

Chrg Id	Patient*	DOS	Charge Amt	Balance	Paid Amt	Contract WO	Adjust Amt	R/P Balance
99213	Office visit - estab pt	01/16/06	\$65.00	\$0.00	\$0.00	\$35.00	\$65.00	\$30.00

Distribution:

Procedure Code*	DOS	Charge Amt	Patient Amt	Profile Amt	Allowed Amt	Starting Bal	Contract WO	Paid Amt	Balance	D/A %	Adjust Amt	Adjust Amt
99213	Office visit - estab pt	01/16/06	\$65.00	\$0.00	\$0.00	\$35.00	\$65.00	\$30.00	\$25.00	\$10.00		

C/W: \$30.00 Pd: \$25.00 Adj: \$0.00

Comment: Stmt-Msg: Stmt-Cmnt:

Unapplied Amount: \$0.00

Insurance Patient Alerts R/P Alerts Appeals

Insurance Company*	Inact	Claim Type*	P/C	Frm	Subscriber/Insured	Member No
HMAA HMAA		C Commercial - Q	N	P	111 Akasaka, Linda	576986635
HMSA HMSA		H HSA	N	E	111 Akasaka, Linda	H000010212951

Tot C/W: \$30.00 Tot Pd: \$25.00 Tot Adj: \$0.00

Documents Other Actions Error Check Save Save-Next

When the payment from the Primary Insurance comes in, as seen in the Payment Entry (PE) screen above, the **Allowed Amt** is \$35.00; the Primary Insurance paid is \$25.00, which leaves a \$10.00 balance for the Secondary Insurance.

[PE] Payment-Adjustment Entry/Information - (284) HMSA

Lookups Data Entry Cancel Query ? Full Rights

General

Payment Id:* 284 # Trans Date:* 02/01/06 Dep: 02/01/06 Posted:
 From - Ins Co: HMSA HMSA Classification:* 10 HMSA Amount:* \$15.00
 R/Party: Pymt Method: CK Check
 Trans Type: P EOB, Payment, or Pay w/Adj Chk No./Refer: ck#N2556332 Comment:
Akasaka-01/16/2006-390

Patient: Charge:* 390 Akasaka, Linda Ins Co: #2 - HMSA R/P Bal: \$0.00 Auto Apply H HMSA

Open Charges - Insurance:

Chrg Id	Patient*	DOS	Charge Amt	Balance	Paid Amt	Contract WO	Adjust Amt	R/P Balance
308	79 Akasaka, Stephanie	03/04/05	\$65.00	\$15.00	\$50.00	\$0.00	\$0.00	\$0.00
292	531353 Akasaka, Elaine	11/01/05	\$115.00	\$115.00	\$0.00	\$0.00	\$0.00	\$0.00
253	97 Akasaka, Linda	11/15/05	\$278.12	\$41.85	\$168.44	\$67.83	\$0.00	\$0.00

Distribution:

Procedure Code*	DOS	Charge Amt	Patient Amt	Profile Amt	Allowed Amt	Starting Bal	Contract WO	Paid Amt	Balance	D/A %	Adjust Amt	Adjust Amt
99213 Office visit, establish	01/16/06	\$65.00	\$0.00	\$0.00	\$35.00	\$10.00		\$15.00	(\$5.00)			

C/W: \$0.00 Pd: \$15.00 Adj: \$0.00

Comment: Stmt-Msg: Stmt-Cmnt:

Unapplied Amount: \$0.00 Tot C/W: \$0.00 Tot Pd: \$15.00 Tot Adj: \$0.00

Insurance Patient Alerts R/P Alerts Appeals

Insurance Company*	Inact	Claim Type*	P/C	Frm	Subscriber/Insured	Member No
HMAA HMAA		C Commercial - S	N	P	111 Akasaka, Linda	576986635
HMSA HMSA		H HMSA	N	E	111 Akasaka, Linda	H000010212951

Documents Other Actions Error Check Save Save-Next:

When the Secondary Insurance comes in, however, their allowable for this charge is \$40.00 (instead of the \$35.00 allowable paid by the Primary Insurance). Because of this, the Secondary Insurance pays \$15.00, creating a \$5.00 credit.

You will need to enter the \$15.00 payment, thus creating a \$5.00 credit balance.

[PE] Payment-Adjustment Entry/Information - (285) HMSA

Lookup Data Entry Cancel Query Full Rights

General

Payment Id:* 285 Trans Date:* 02/01/06 Dep: 02/01/06 Posted:

From - Ins Co: HMSA HMSA Classification:* 10 HMSA Amount:* (\$5.00)

R/Party: Pymt Method:

Trans Type: A Adjustment Only Chk No./Refer: no check-adj. only Comment: Secondary allowable higher than Primary

Akasaka-01/16/2006-390

Patient: Charge:* 390 Akasaka, Linda Ins Co: #2 - HMSA R/P Bal: \$0.00 Auto: Apply H HMSA

Open Charges - Insurance:

Chrg Id	Patient*	DOS	Charge Amt	Balance	Paid Amt	Contract WO	Adjust Amt	R/P Balance
308	79 Akasaka, Stephanie	03/04/05	\$65.00	\$15.00	\$50.00	\$0.00	\$0.00	\$0.00
292	531353 Akasaka, Elaine	11/01/05	\$115.00	\$115.00	\$0.00	\$0.00	\$0.00	\$0.00
253	97 Akasaka, Elaine	11/15/05	\$278.12	\$41.85	\$166.44	\$67.83	\$0.00	\$0.00

Distribution:

DOS	Charge Amt	Patient Amt	Profile Amt	Allowed Amt	Starting Bal	Contract WO	Paid Amt	Balance	D/A %	Adjust Amt	Adjustment Type	Fin Resp
01/16/06	\$65.00	\$0.00	\$0.00	\$35.00	(\$5.00)			\$0.00		(\$5.00)	SEC Secondary ins allowance hi	8 Re

C/W: \$0.00 Pd: \$0.00 Adj: (\$5.00)

Comment: Stmt-Msg: Stmt-Cmnt:

Insurance Patient Alerts R/P Alerts Appeals

Insurance Company*	Inact	Claim Type*	P/C	Frm	Subscriber/Insured	Member No
HMAA		C Commercial	N	P	111 Akasaka, Linda	576986635
HMSA		H HMSA	N	E	111 Akasaka, Linda	H000010212951

Unapplied Amount: \$0.00 Tot C/W: \$0.00 Tot Pd: \$0.00 Tot Adj: (\$5.00)

Documents Other Actions Error Check Save Save-Next

- On the (PE) screen, create a Payment Entry that reflects the Secondary Insurance.
 - Transaction Type:** Adjustment Only.
 - Check No./Reference:** no Check-adj. only.
 - Amount:** enter overpayment as a negative "-" amount, reflecting the credit balance (5.00).
 - Charge ID**—Enter.
 - Adjustment Amt**—enter overpayment as a negative "-" amount, reflecting the credit balance.
 - Adjustment Type**—select "SEC Secondary allowable is higher than the Primary Ins."
- Go to (AA) to verify that the adjustment has been done properly.

How do I handle non-participating insurance carriers?

[RI] Registration and Related Information - (006996) Akimoto, Stephanie A [11/18/2005 12:00 AM]

Lookup (Active Only) | General | Coverage/Case Info | Notes/Follow-Up | Appointments | Administrative Documents

Lookup: Last Name S/w Akimoto, First Name S/w, Nickname S/w, SSN S/w, Date Of Birth =, Primary Phone # S/w

Pt Id	DOB	Name
006923	04/15/1925	Akimoto, Barbara
006995	01/26/1965	Akimoto, Matt
006996	03/04/1970	Akimoto, Stephanie

HMSA VSP

Cov/Case Title: VSP | Description: | Employer - Id: | Employer Name: Akamai Practice Mgmt | Work Status: | Marital Sts: M Married |

Resp Party: 006996 Akimoto, Stephanie | Symptoms Date: | Similar Condition Dt: |

Financial Class: O Other Commercial | Accident Date: | Job Related: | Oth Acct: |

Billing Provider: O Tanji, Troy | LMP Date: | Auto - Accident: | Pl: |

Facility: DO Doctor's Office | Initial Trmt Dte: | Hosp - Frm Dte: |

Ref Doctor - Id: | Last Xray Date: | To: |

Pt Lst Seen: | Work - Last Dte: | Disabil - Frm Date: | To: |

Supervising Doc: | Return Dte: | Disability Status: |

PCP Doctor: |

Insurance Information:

Form	Subscriber/Insured	R'ltn	Member No	Employer	Grp Number	Prior Auth No	Claim
P	006996 Akimoto, Stephanie	S	575069634	Akamai Practice Mgmt			

Release SOF: ☒ | Medically Unnecessary: ☐ | Default Diagnosis Code*: |

Payment SOF: ☒ | Patient Status - Other: ☐ | *

Patient Copay: | Champus-Br: | Duty Status: |

Lookup | Recent |

Select | Cancel Select | Documents | Other Actions | Error Check | Save | Save-Next: |

1. In Registration and Related Information [RI], INCISIVE PM automatically defaults both the **Release Signature on File** and **Payment Signature on File** to 'Yes'.

[CE] Charge Entry/Information - (10) PT: Akimoto, Stephanie A DOS: DOC: Tanji, Troy

Lookups Data Entry Cancel Query Full Rights

General **Ins Coverage/Service Detail** Apply Pymt Financial Mgmt Claim/Stmts History Procedure Pay Appeals/Follow-up

Insurance Information:

Insurance Company*	Inact	Claim Type*	P/Cm	Form	Subscriber/Insured	R'tn	Member No	Employer	Grp Number	A/A	Pi
VSP	<input type="checkbox"/>	Other Commercial	N	P	006996 Akimoto, Stephanie	S	575069634	Akamai Practice Mgmt			

Release SOF: ☒ Medically Unnecessary: ☐ Champus - Branch: Ins Payment Waiting Period: 0

Payment SOF: ☒ Patient Status - Other: ☐ Duty Status:

Diagnosis Code*

Chrg Id*	Exp Date	Procedure Code	Svc Date	Days
367.1 Myopia				

Procedures:*

de*	Add'l Mod	POS*	Fee Schedule	Start Date	End Date	Qty	Dx Line No.	Profile Amt	Patient Amt	Charge Amt	Co-Pay	Tax	Fin Resp Lvl
lenses, purchase		11	D Default	02/08/2006	02/08/2006	1	1	\$0.00	\$0.00	\$0.00		<input checked="" type="checkbox"/>	1 Insurance

2. In Charge Entry [CE] **Ins Coverage/Service Detail** tab, this information is defaulted if this coverage case is selected. Thus the charge is sitting at the **Fin Resp Lvl** (Financial Responsible Level) of Insurance.

[CE] Charge Entry/Information - (10) PT: Akimoto, Stephanie A DOS: 2/8/2006 DOC: Tanji, Troy {madmin 02/08/2006 12:19 PM}

Lookups Data Entry Cancel Query Full Rights

General **Ins Coverage/Service Detail** Apply Pymt Financial Mgmt Claim/Stmts History Procedure Pay Appeals/Follow-up

Insurance Information:

Insurance Company*	Inact	Claim Type*	P/Cm	Form	Subscriber/Insured	R'tn	Member No	Employer	Grp Number	A/A	Pi
VSP	<input type="checkbox"/>	Other Commercial	N	P	006996 Akimoto, Stephanie	S	575069634	Akamai Practice Mgmt			

Release SOF: ☒ Medically Unnecessary: ☐ Champus - Branch: Ins Payment Waiting Period: 0

Payment SOF: ☐ Patient Status - Other: ☐ Duty Status:

Diagnosis Code*

Chrg Id*	Exp Date	Procedure Code	Svc Date	Days
367.1 Myopia				

Procedures:*

de*	Add'l Mod	POS*	Fee Schedule	Start Date	End Date	Qty	Dx Line No.	Profile Amt	Patient Amt	Charge Amt	Co-Pay	Tax	Fin Resp Lvl
lenses, purchase		11	D Default	02/08/2006	02/08/2006	1	1	\$0.00	\$0.00	\$50.00		<input checked="" type="checkbox"/>	8 Responsible

3. Deselect the **Payment SOF**, and the **Financial Responsible Level** drops to the patient.

NOTE: If you forget to deselect the "Payment SOF" and have already entered a line of service, go back and deselect the **Payment SOF**. The **Fin Resp Lvl** does not change until you **Save** the charge.

If you are entering the VSP information for the first time in the RI (Registration/Related Information) screen, you may want to deselect the Payment SOF at that time.

How do I manage AIPO (Accept Insurance Payment Only) patients? (Temporary Work Around)

The screenshot displays the 'Registration and Related Information' window for patient Stephanie A. Akimoto. The 'Alerts' tab is active, showing a list of alerts. A green bar highlights the alert 'AIP: Accept Ins. Payment Only'. The patient's information is visible in the background, including name, address, and contact details.

Permanent Id: 034020
Reg Status - Patient: ☒ Id: 034020
R/Party: ☒ Id: 034020
Subscriber/Insured: ☒ Id: 034020

Name - Last: Akimoto
First: Stephanie **MI:** A
Address: 94-748 Lumiauu Street #5
Address:
Zip Code: 96797 **Waipahu HI**
City: Waipahu **St:** HI
County: **Sal:**
Primary Ph Num: 808-676-1166 **Ext:**
Date of Birth/Age: 03/04/1970 35 **Gender:** F
Social Security No: 575-06-9634 **Dr Lic:**
Employer:
Empl Name/Site:
Address:
Address:
Zip Code:
City: **St:**

RELATED INFORM
Pat Admin:
Acct Admin:
Clinical Info:

R/Parties **Patients** **Insured Patients**
Responsible Parties For Registrant:
 ▶ 034020 Akimoto, Stephanie A

Alerts*
 ▶ AIP: Accept Ins. Payment Only
 *

Wk Ph No: 808-988-7666 **Email:**
Ext: **Ref Src:**
Cell Ph: **Lang Pref:**
Fax: **Appt Hold:**
M/S: M Married

PATIENT SPECIFIC DATA **R/PARTY SPECIFIC DATA**
M/R Num: **Def Payee:** 1 Bernaed K. Ch
HIPAA **Def F/S:**
Notice Dte: **Tax Id:**
Pt Cls: **Strnt Hold:**
Pharmacy:
Inactive: **Date:** **Disallow:**

Documents **Other Actions** **Error Check** **Save** **Save-Neg:**

1. In RI, go to the Alerts screen and enter an Alert as AIP (Accept. Ins. Payment Only).

[AL] Alerts - (AIPO) Insurance Only (madmin 10/28/2005 03:43 PM)

Lookup (Active Only)

Description: S/w

Id: S/w

Id	Description
AIPO	Insurance Only
IC	Need copy of insurance cards

Lookup Recent

General

ID: AIPO

Description: Insurance Only

Backgrd Color: ■

Foregrd Color: ■

Comments:

Inactive: ☐ Disallow Use: ☐

Select Cancel Select Documents Other Actions Error Check Save Save-Next

2. Select a color that will catch your eye.

[RI] Registration and Related Information - (034020) Akimoto, Stephanie A {Stephanie 06/16/2005 02:45 PM}

General Coverage/Case Info Notes/Follow-Up

HMSA / HMSA

Cov/Case Title: HMSA / HMSA

Description:

C/C - Eff Date: Tm:

Resp Party: 034020 Akimoto, Stephanie

Financial Class: HMSA-HMSA

Billing Provider: 1 Chun, Bernard

Facility: DO Doctor's Ofc

Ref Doctor - Id:

Pt Lst Seen:

Supervising Doc:

PCP Doctor:

Employer - Id:

Employer Name:

Work Status:

Marital Status: M Married

Symptoms Date:

Accident Date:

LMP Date:

1st Consult Date:

Work - Last Date:

Return Date:

Disability Status: AIF AIPO

Auto - Accident: PI:

Other Accident:

Similar Con Date:

Hosp - Frm Date: To:

Disabil - Frm Date: To:

Insurance Information:

Insurance Company*	Claim Type	P/Cm	Form	Subscriber/Insured	Rltn	Member No	Employer	Grp Number	Prior
HMSA HMSA	HMSA	Y	E	034020 Akimoto, Stephanie	S	R000025120379 5			
HMSA HMSA	HMSA	Y	E	853 Akimoto, Matt	SP	R000015470735			

Release SOF: ☒ Medically Unnecessary: ☐ Default Diagnosis Code*

Payment SOF: ☒ Patient Status - Other: *

Patient Copay: Champus-Bri: Duty Status:

Documents Other Actions Error Check Save Save-Next

3. On the Coverage/Case Info tab of the (RI) screen, enter the disability status as "AIPO".

[CE] Charge Entry/Information - (250) PT: Akimoto, Stephanie A - DOS: DOC: Chun, Bernard

Lookups Data Entry Cancel Query Full Rights

General Ins Coverage/Service Detail Financial Mgmt Claim/Strnts History Procedure Pay F/U Notes Apply Pymt

ID: 250 Posted:

Patient: 034020 Akimoto, Stephanie A Symptoms Date: Job Related: Emerg:

Name - Last: Akimoto Accident Date: Auto - Accident: PI:

First: Stephanie MI: A LMP Date: Other Accident: Patient Copay:

Coverage/Case: HMSA / HMSA Similar Con. Date: ADDITIONAL INFORMATION

Resp Party: 034020 Akimoto, Stephanie A 1st Consult Date: Disability Status:

Billing Provider: 1 Chun, Bernard M.D. Work - Last Dte: AIPO AIPO

Serv Provider: 1 Chun, Bernard M.D. Return Date:

Facility: Doctor's Ofc Hosp - Frm Dte: To:

Acct Trans Dte: 06/02/2005 Disabil - Frm Dte: To:

Financial Class: HMSA-HMSA

Charge Class:

Referring Doctor:

Date Pt Last Seen:

Supervising Doc:

Employer:

Work Status:

Marital Status: M Married

Recalls:

Date*	Reason
*	

Documents Other Actions Error Check Save Save-Next:

- On the CE (Charge Entry) screen, Disability Status should show the AIPO.

[CE] Charge Entry/Information - (250) PT: Akimoto, Stephanie A DOS: 6/2/2005 DOC: Chun, Bernard {Stephanie 06/16/2005 03:12 PM}

Lookup Data Entry Cancel Query ? Full Rights

General **Ins Coverage/Service Detail** Financial Mgmt Claim/Stmts History Procedure Pay F/U Notes Apply Pymt

Insurance Information:

Insurance Company*	Inact	Claim Type*	P/Clt	Form	Subscriber/Insured	Rlt	Member No	Employer	Grp Number	A/A	P
HMSA HMSA	<input type="checkbox"/>	HMSA	Y	E	034020 Akimoto, Stephanie	S	R000025120379 S				
HMSA HMSA	<input type="checkbox"/>	HMSA	Y	E	853 Akimoto, Matt	SP	R000015470735				

*

Release SOF: ☒ Medically Unnecessary: ☐ Champus - Branch: Duty Status:

Payment SOF: ☒ Patient Status - Other: ☐

Global Coverage:

Chrg Id*	Exp Date	Procedure Code	Svc Date	Days

Diagnosis Code*

465.9	Unl febrile
786.09	Respiratory distress, other

*

Procedures*:

dI Mod	POS	Fee Schedule	Start Date	End Date	Qty	Dx Line No.	Profile Amt	Patient Amt	Charge Amt	Tax	Fin Resp Lvl	Co-Pay	100%	Non-Cov	Epsdt	P/S
	11	D Default	06/02/2005	06/02/2005	1	1,2	\$0.00	\$0.00	\$107.19	<input checked="" type="checkbox"/>	1 Insurance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

*

Patient Copay:

Tot Prf: \$0.00 Tot Pat: \$0.00 Tot Chg: \$107.19

Documents Other Actions Error Check Save Save-Next

- When entering the charge, be sure to check the 100% box.

[PE] Payment-Adjustment Entry/Information - (10) HMSA

Look Up Data Entry Cancel Query ? Full Rights

General

ID: 10 # Trans Date: 06/16/05 Dep: 06/16/05 Posted:
 From - Ins Co: HMSA HMSA Classification: HMSHMSA Amount: \$75.00
 R/Party: Pymt Method:
 Trans Type: P EOB, Payment, or Pay w/Adj Chk No./Refer: Comment:
Akimoto-06/02/2005-250

Patient: 034020 Akimoto, Stephanie A Open Charges - Insurance / Patient:
 Charge: 250 Akimoto, Stephanie Chrg Id Patient* DOS Charge Amt Balance Paid Amt Contract WO Adjust Amt R/P
 Ins Co: #1 - HMSA 238 034020 Akimoto, Stephanie 06/01/05 \$166.22 \$166.22 \$0.00 \$0.00 \$0.00
 R/P Bal: \$0.00 HMS HMSA 250 034020 Akimoto, Stephanie 06/02/05 \$107.19 \$107.19 \$0.00 \$0.00 \$0.00
 Distribution:
 DOS Charge Amt Patient Amt Profile Amt Allowed Amt Starting Bal Contract WO Paid Amt Balance Adjust Amt Adjustment Type Fin Re
 06/02/05 \$107.19 \$0.00 \$0.00 \$100.00 \$107.19 \$7.19 \$75.00 \$0.00 \$25.00 WO Courtesy write off 1
 C/W: \$7.19 Pd: \$75.00 Adj: \$25.00
 Comment:
 Stmt-Msg:
 Stmt-Cmnt:
 Insurance Appeals
 Insurance Company* Inact Claim Type* P/Cln Form Subscriber/Insured
 HMSA HMSA H HMSA Y E 034020 Akimoto, Stephanie
 HMSA HMSA H HMSA Y E 853 Akimoto, Akim
 Unapplied Amount: \$0.00 Tot C/W: \$7.19 Tot Pd: \$75.00 Tot Adj: \$25.00
 Documents Other Actions Error Check Save Save-Next

6. When entering the payment, the Allowed Amt automatically defaults.
7. Change the Paid Amt to the correct amount.
8. The difference between the original Paid Amt (prior to updating this entry) and the adjustment you just made to the Paid Amt is entered in the "Adjust Amt" field.
9. Change Adjustment Type to reflect the reason for this change (WO Courtesy write off).

Diagnosis & Procedure Code Lookup & Entry	DC/PC/CE
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Two fundamental activities involve the ability to lookup and enter both diagnosis and procedure codes. In the following pages, we will cover the following topics:

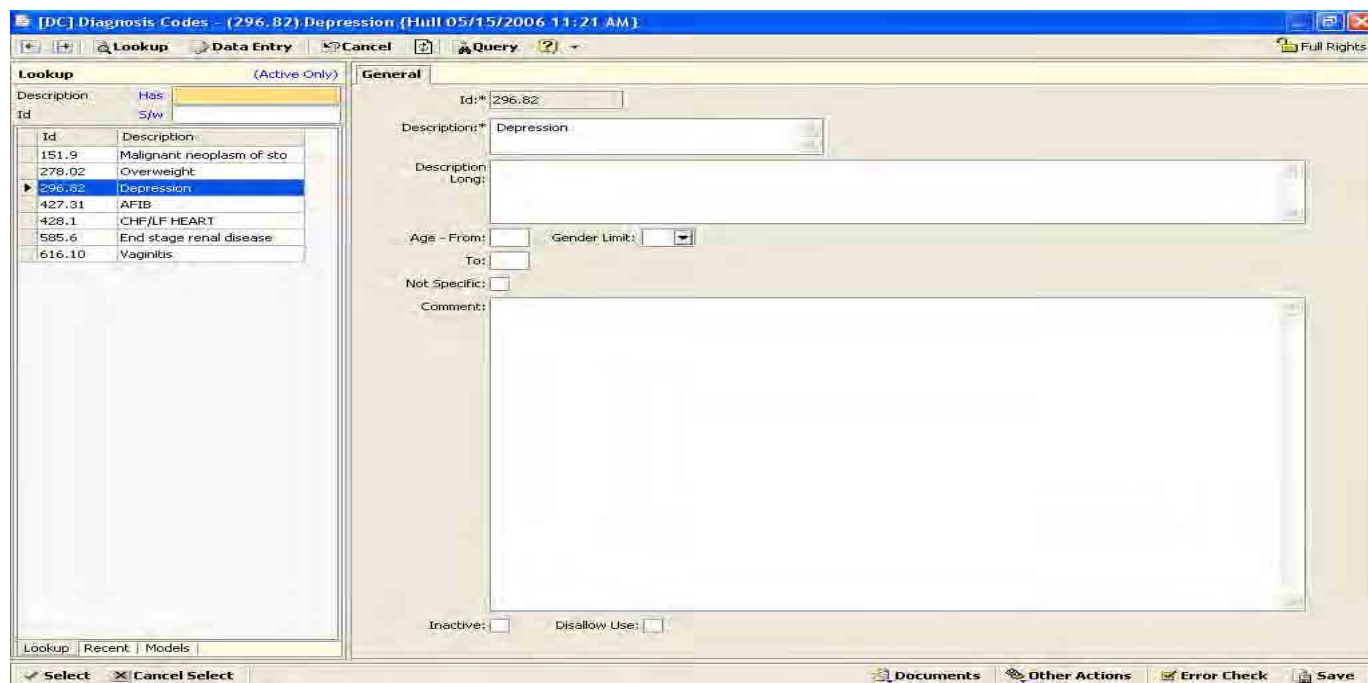
How do I find a diagnosis code (Diagnosis Code Lookup & Entry)?

How do I find and enter a Procedure Code (Procedure code Lookup & Entry)?

As you probably suspected, information on diagnosis codes is accessed through the DC (Diagnosis Codes) screen, while procedure codes can be found on the PC (Procedure Codes) screen. When entering these codes, you will use the CE (Charge Entry) screen.

How do I find a diagnosis code?

(DC) Diagnosis Codes

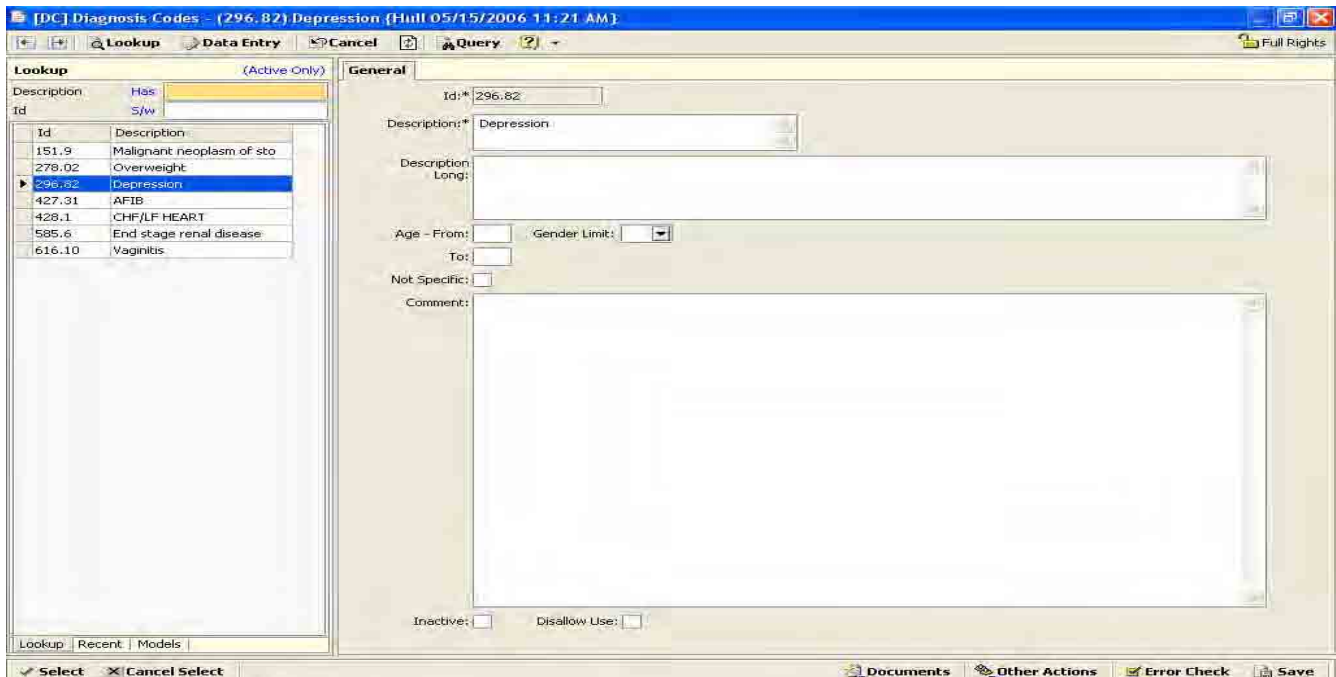


A Diagnosis Codes search can be initiated in two ways.

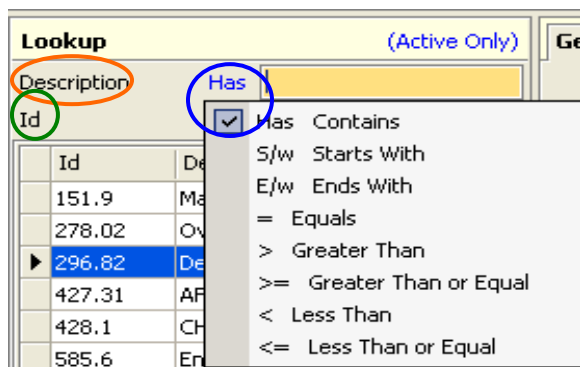
1. Select from the **Diagnosis Codes Lookup** table.
 - a) Use the **DC** shortcut (F12 + DC), which prompts the **DC** screen (seen above).
 - b) Confirm that the **Lookup** screen is active (left column of the **DC** screen).



2. Starting at the Diagnosis Code entry, click on the **Ellipsis** to prompt the DC Lookup screen.



3. Once you've confirmed that the Lookup screen is active, you may select your own search criteria.



f)

- a) To search for a Diagnosis Code by **Description**, right click on **Has** to prompt the search criteria menu.
- c) The search narrows as you enter additional data.
- d) If you enter "hand" in the **Description** entry box, the search will narrow to include only those diagnosis codes with descriptions containing the word(s) entered.
- e) If you want to search Diagnosis Codes by **Id**, begin typing in the **Id** box (e.g. if you type in 428, the search will narrow down to all ID's beginning with 428.)

Make your selection from the list.



- b) When you are finished, having selected the desired Diagnosis Code, click **Select**, found in the bottom left corner of the screen.

How do I find and enter a Procedure Code?

(PC) Procedure Code Lookup & Entry

The screenshot shows the 'Lookup' tab selected in the 'Procedure Codes' window. The left pane lists various procedure codes, with 'BF Balance Forward' highlighted. The right pane displays details for the selected code, including its description, department, and associated fee schedules.

After selecting the appropriate Diagnostic code, you may proceed to **Procedure Code** entry. A **Procedure Codes** search can be initiated in two ways.

1. Use the PC shortcut (F12 + PC), which prompts the PC screen (seen above). Confirm that the Lookup screen is active (left column of the PC screen).

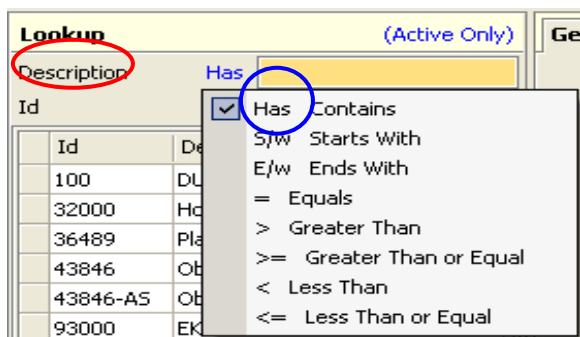
The screenshot shows the 'Procedures:*' window with a table of procedure codes. The 'Add'l Mod' column is circled in red, indicating where to click to open the lookup screen.

Procedure Code	Add'l Mod	POS	Fee Schedule	Start Date	End Date	Qty	Dx Line No.	Profile Amt	Patient Amt	Charge Amt	CoPay	D/A %	Fir
	...	11	MC MEDICARE	02/06/07	02/06/07	1	1						

- a) Starting at the Procedure Codes entry ..
- b) Click on the **Ellipsis** to prompt the **DC Lookup** screen

The screenshot shows the 'DC Lookup' screen with the 'Diagnosis Code' field highlighted. An ellipsis (...) is visible next to the field, indicating where to click to open the lookup screen.

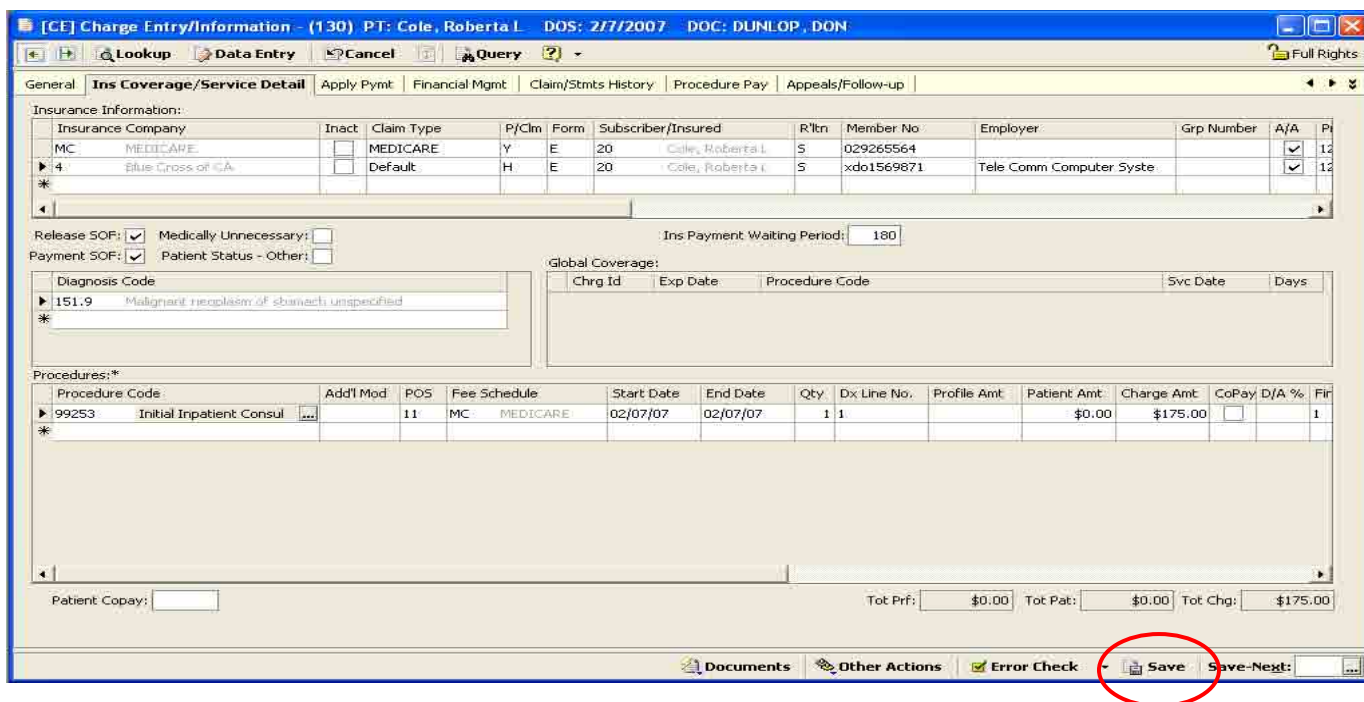
2. To search for a Procedure Code by **Description**, right click on **Has** to prompt the search criteria menu.



- a) The search narrows as you enter additional data.
- b) If you enter "stenosis" in the **Description** entry box, the search will narrow to include only those diagnosis codes with descriptions containing the word(s) entered.
- c) If you want to search Procedure Codes by **Id**, begin typing in the **Id** box (e.g. if you type in 630, the search will narrow down to all ID's beginning with 630.)
- d) Make your selection from the list.



3. When you are finished, having selected the desired Diagnosis Code, click **Select**, found in the bottom left corner of the screen.



Considerations before clicking you Save your entry:

INCISIVE PM pulls data from various locations within the system to auto-populate this screen:

1. Once a Procedure Code is entered, the POS (Place of Service) defaults accordingly.
2. **Start Date** defaults from the "Account Transaction Date" (entered on the General Tab).
3. If the patient needs to be billed prior to entering the insurance payments, that amount should be entered in the **Patient Amt** (Patient Amounts). Most offices, however, leave this blank.

You may change the Procedure Code on the charge only if:

1. If Charge is not posted (*posted in stone*)
2. No payment is entered on the charge.

Charge Entry	CE
--------------	----

Charge Entry (CE)

The screenshot shows the [CE] Charge Entry/Information window. The 'General' tab is selected and highlighted with a blue circle. The window contains various input fields for patient information, coverage details, and financial data. A 'Patient Alerts' window is also visible in the foreground.

General tab

1. **Charge ID:** Click the # sign to receive the Charge Id for a new charge. If you want to look at an existing charge, enter that charge number.
2. **Patient:** Enter the patient # or look up the patient by last name by clicking on the ellipsis or pressing the F2 key.
3. **Coverage/Case:** If the patient has only one coverage/case, the data defaults into this field. If they have more than one, you will be given the option to select from the list.
4. **Responsible Party:** This populates from the RI screen.
5. **Billing Provider:** This populates from the RI screen but may be changed if another Provider within the clinic saw the patient.
6. **Service Provider:** This populates from the RI screen but may be changed if another provider within the clinic saw the patient. This field may be also used to report services provided by a NP, PA, nurse, or other technical personnel.
7. **Facility:** Location where services were performed. This defaults to Office and may be changed as needed. You may look up the facilities by clicking on the box or pressing the F2 key.
8. **Accounting Transaction Date:** This is the date the charges are being entered. You may press enter to accept the date that appears in the display, or you may key in the appropriate date. You may change the date by pressing the plus "+" or minus "-" keys.
9. **Financial Class:** This populates from the RI screen.
10. **Charge Class:** This is used to select the type of classification and is used to group charges in a department for report analysis. Enter the code, click the box or press the F2 key to make your selection (e.g. "D" for Doctors charges, "H" for Hospital charges, etc.).
11. **Referring Doctor:** This populates from the RI screen.

12. **Date Patient Last Seen:** This populates from the RI screen. It may be changed if the date is incorrect.
13. **Hospitalized From Date:** The beginning hospitalization date must be entered on hospital charges.
14. **Hospitalized "To "Date:** The ending hospitalization date must be entered on hospital charges, if known.
15. **Supervising Doctor:** This populates from the RI screen.
16. **Employer:** This populates from the RI screen.
17. **Work Status:** This populates from the RI screen.
18. **Marital Status:** This populates from the RI screen.
19. **Symptoms Date:** This populates with today's date.
20. **Accident Date:** This populates from the RI screen.
21. **Last Menstrual Period:** This populates from the RI screen.
22. **Similar Condition Date:** This populates from the RI screen.
23. **Job Related; Other Accident ; Auto Accident; Place:** These populates from the RI screen.
24. **Patient Copay:** This populates from RI screen.
25. **Initial Treatment Date:** This populates from the RI screen. You may also manually enter the date.
26. **Last X-ray Date:** This populates from the RI screen. You may also manually enter the date.
27. **Work Last Date:** This populates from the RI screen. You may also manually enter the date.
28. **Return to work Date:** This populates from the RI screen. You have the option to enter the date the patient is advised he/she is able to resume work.
29. **Disability from Date and to Date:** This populates from the RI screen. You may also manually enter the date.
30. **Disability Status:** This populates from the RI screen. You have the option to click on the box to look up the status options.
31. **Active Recalls; Patient Alerts; Responsible Party Alerts:** These populate from the RI screen though you may enter new ones at this time.

1. Click the # symbol or F2 to auto assign a Charge ID.

2. Click on the ellipsis or F2; this prompts the (RI) Registration and Related Information screen.

1. Enter the patient's Last Name; the list shortens as the name becomes more specific. Once you find the patient; select the correct Name, and the patient information populates the charge entry.
2. If a patient has more than one Coverage/Case, you will need to select the appropriate file for this visit.

The screenshot shows the 'Charge Entry/Information' window for Patient: Cole, Roberta L. The window is divided into several sections. The 'General' section at the top contains fields for Charge Id (124), Patient (20), Name (Last: Cole, First: Roberta), and MI (L). The 'Coverage/Case' section contains fields for Description (None), Resp Party (SH), Billing Provider, Serv Provider, Facility, and Acct Trans Dte (02/06/2007). The 'Additional Information' section contains fields for Initial Trmt Date, Last Xray Date, Work - Last Dte, Return Date, Disability - Frm Dte, Disability Status, and Patient Copay. The 'Acct Trans Dte' field is highlighted with a red circle. The 'Patient' field is highlighted with a yellow circle. The window also includes a 'Patient Alerts' section at the bottom right.

3. Please note: your **Acct Trans Dte** (Account Transaction Date) is, in essence, your INCISIVE PM Posting Date.
4. Once a Coverage/Case is selected, the information for Coverage/Case, Description, Resp Party, Billing Provider, Serv Provider, Facility, and Financial Class populate from the RI-Registration screen.
5. For Charge Class (Charge Classification Codes), click on the **ellipsis** or F2.

Charge Classification Codes (CCC)

[CCC] Charge Classification Codes - (D) Doctor Billings {madmin 05/04/2006 09:17 AM}

Lookup (Active Only) | Data Entry | Cancel | Query | Full Rights

Description: S/w
Id: S/w

Id	Description
BF	Balance Forward
DM	Debit Memo
D	Doctor Billings
DME	DURABLE MEDICAL EQUIPMEN
H	Hospital Charges
L	Lab Charges
PT	Physical Therapy
RC	Radiology Charges
NSF	Returned Check Fees

General

ID: D

Description: Doctor Billings

Comments:

Inactive: ☐ Disallow Use: ☐

Lookup | Recent | Models

Select | Cancel Select | Documents | Other Actions | Error Check | Save

1. The CCCs (Charge Classification Codes) are setup on an individual office-by-office basis and are used for reporting purposes and charge breakdowns. Most offices track Hospital charges vs. Office charges.
2. After making your selection, click **Select**.

Insurance Coverage Service Detail tab (CE)

After locating the patient, you may want to access the insurance information. This can be done directly from the CE (Charge Entry) screen.

The screenshot shows the [CE] Charge Entry/Information window. The 'Ins Coverage/Service Detail' tab is selected and highlighted with a blue circle. The window contains various input fields for patient information, insurance details, and a table for Active Recalls.

General Tab Fields:

- Charge ID: [Field]
- Patient: [Field]
- Name - Last: [Field]
- First: [Field]
- Coverage/Case: [Field]
- Description: [Field]
- Referring Doctor: [Field]
- Billing Provider: [Field]
- Ref Provider: [Field]
- Facility: [Field]
- Acc Trans Date: [Field]
- Financial Class: [Field]
- Charge Class: [Field]
- Referring Doctor: [Field]
- Date Pl Last Seen: [Field]
- Hosp - Plm Date: [Field]
- To: [Field]
- Supervising Doc: [Field]

Insurance Information Fields:

- Employer: [Field]
- Work Status: [Field]
- Mental Status: [Field]
- Symptoms Date: [Field]
- Accident Date: [Field]
- UHF Date: [Field]
- Sender Com. Date: [Field]
- Initial Trmt Date: [Field]
- Last Trmt Date: [Field]
- Work - Last Date: [Field]
- Return Date: [Field]
- Job Related: [Field]
- Other Accident: [Field]
- Auto - Accident: [Field]
- Patient Copy: [Field]
- Disability - From Date: [Field]
- To: [Field]
- Disability Status: [Field]

Active Recalls Table:

Entry Date	By	Rec Date	Assigned To	Reason	Comment

Click on the [Ins Coverage/Service Detail](#) tab.

Insurance Coverage/Service Detail

1. **Insurance Company Information:** This populates from the RI screen and from the Coverage/Case you choose on the General tab of the charge. You should check all of the boxes for accuracy.
2. **Release signature on file; payment signature on file; Medically Unnecessary; Patient Status-Other; Champus-Branch; Duty Status** These populate from the RI screen and may be changed if needed.
3. **Insurance Payment Waiting Period:** This populates from the CO settings screen.
4. **Medicare Secondary Payor Type:** This requires you to choose from the pull-down box if Medicare is the secondary insurance.
5. **Diagnosis Code:** This populates from the RI screen. You may enter a new diagnosis code, delete or change the existing codes. Enter the code or look up by clicking on the box or pressing the F2 key.
6. **Procedure Code:** Enter each procedure code by the number or look up by clicking on the box or pressing the F2 key. Enter as many procedures codes as you need. If you need to add a modifier, you may enter up to two modifiers with a dash between them. The place of service populates from the facility; in the case of a hospital, you will need to choose from the list (e.g. select 21 for inpatient hospital, 22 for outpatient hospital, 23 for emergency room, etc.). The fee schedule populates from the Insurance Screen.

Dual Insurance Coverage

Click on the Ins Coverage/Service Detail tab.

[CE] Charge Entry/Information - (127) PT: Cole, Roberta L DOS: 12:00:00 AM DOC: DUNLOP, DON

General **Ins Coverage/Service Detail** Apply Pymt Financial Mgmt Claim/Stmts History Procedure Pay Appeals/Follow-up

Insurance Information:

Insurance Company	Inact	Claim Type	P/Clm	Form	Subscriber/Insured	R'tn	Member No	Employer	Grp Number	A/A	Pi
MC MEDICARE	<input type="checkbox"/>	MEDICARE	Y	E	20 Cole, Roberta L	S	029265564			<input checked="" type="checkbox"/>	12
4 Blue Cross of CA	<input type="checkbox"/>	Default	H	E	20 Cole, Roberta L	S	xdo1569871	Tele Comm Computer Syste		<input checked="" type="checkbox"/>	12
*											

If the patient has dual insurance coverage, you may need to check **P/Clm (Process Claim Status)**.

General **Ins Coverage/Service Detail** Apply Pymt Financial Mgmt Claim/Stmts History Procedure Pay Appeals/Follow-up

Insurance Information:

Insurance Company	Inact	Claim Type	P/Clm	Form	Subscriber/Insured	R'tn	Member No	Employer	Grp Number	A/A	Pi
MC MEDICARE	<input type="checkbox"/>	MEDICARE	Y	E	20 Cole, Roberta L	S	029265564			<input checked="" type="checkbox"/>	12
4 Blue Cross of CA	<input type="checkbox"/>	Default	H	E	20 Cole, Roberta L	S	xdo1569871	Tele Comm Computer Syste		<input checked="" type="checkbox"/>	12
*											

Yes
No
Hold

The secondary insurance can be set to **Hold**, indicating you will wait until the primary insurance has been processed.

Charge/Payments for Miscellaneous Accounts Capitation Payment and/or Adjustments (CE)

[CE] Charge Entry/Information - (1) PT: BALAT, MARY DOS: 2/21/2007 DOC: DUNLOP, DON [madmin 03/19/2007 10:16 AM]

General | **Ins Coverage/Service Detail** | Apply Pymt | Financial Mgmt | Claim/Stmts History | Procedure Pay | Appeals/Follow-up

Insurance Information:

Insurance Company	Inact	Claim Type	P/Clt	Form	Subscriber/Insured	R'ltn	Member No	Employer	Grp Number	A/A	Pl
1 CHOICE/ATHENA	<input type="checkbox"/>	DEFAULT	N	P	1 BALAT, MARY	S	467435276				

Release SOF: ☒ Medically Unnecessary: ☐ Ins Payment Waiting Period: 0

Payment SOF: ☒ Patient Status - Other: ☐

Global Coverage:

Chrg Id	Exp Date	Procedure Code	Svc Date	Days

Diagnosis Code

Diagnosis Code
244.9 HYPOTHYROID

Procedures:

Procedure Code	Add'l Mod	POS	Fee Schedule	Start Date	End Date	Qty	Dx Line No.	Profile Amt	Patient Amt	Charge Amt	CoPay	Fin Resp Lv
99212 OFFICE VISIT FOCUSED		11	D DEFAULT	02/21/07	02/21/07	1	1		\$10.00	\$70.00		8 Respons

Patient Copay: \$0.00 Tot Prf: \$0.00 Tot Pat: \$10.00 Tot Chg: \$70.00

Documents | Other Actions | Error Check | Save | Save-Next

1. Enter the charge for the patient.
2. Create a payment **PE** from the payment screen for the patient co pay (if any).
3. Apply the payment as an adjustment to the charge as if the insurance company paid.
4. When you receive the cap check, you will need to set up the Capitation Insurance Company in the RI-Registration screen (e.g. Capitation St Mary's Choice).

[RI] Registration and Related Information - (2) Capitation St Mary's Choice, CAP [madmin 03/19/2007 05:00 PM]

General | Coverage/Case Info | Add'l Information | Notes/Follow-Up | Appointments | Administrative Documents | Attachments

Permanent Id: 2 Related Inform: ...

Reg Status - Patient: ☒ Id: 2 R/P Bal: ...

R/Party: ☒ Id: 2

Subscriber/Insured: ☒ Id: 2

Name - Last: Capitation St Mary's Choice

First: CAP MI: NN: ...

Address: ...

Zip Code: ...

City: ... St: ...

Date of Birth/Age: ...

Gender: ... MS: ...

Social Security No: ...

Primary Ph Num: ... Ext: ...

Cell Ph Num: ... Fax: ...

Email: ...

Employer: ...

Empl Name/Site: ...

Work Ph Num: ... Ext: ...

Lang Preference: ...

R/P Parties | Patients | Insured Patients | ...

Registrant's Responsible Parties

Registrant's Responsible Parties	R/P Bal
2 Capitation St Mary's Choice, CAP	

Alerts

R/P Default Payee: 1 DON DUNLOP MD

R/P Def Fee Sch: ...

R/P Classification: ...

HIPAA Notice Dte: ...

Pt Classification: ...

Appointment Hold: ☐ Statement Hold: ☐

Date - First Seen: ... Last Seen: ...

Inactive: ☐ Dte Inact: ... Disallow Use: ☐

Documents | Other Actions | Error Check | Save | Save-Next

5. You will also need to create a procedure code for capitation with a \$0.00 amount for the charge.

[PC] Procedure Codes - (CAP) CAPITATION ADJUSTMENT [madmin 02/23/2007 03:15 PM]

General | Procedure Group Codes | Coding Schedule Overrides | Fee Schedule Overrides | Procedure/Facility Claim Coding Schedules

Id: CAP

Description: CAPITATION ADJUSTMENT Classification: ...

Department: BI Billing Department: ... Recall - Reason: ...

Rel Value Units: Nat Drug Cde: Lag Days: ...

Age - From: To: Gender Limit: ...

Claim Coding Type	Procedure Code	Type of Service	Prt Desc	P/Only	S/Unit	Block 19 - Local Use
D DEFAULT	CAP	1 Medical Care				

Fee Schedule Type	Co-Pay	Charge Amt	Profile Amt	Patient Amt	Pat %	Sec O/R	G/ Days	100%	Non-Cov
D DEFAULT		\$0.00	\$0.00	\$0.00					

Comment:

Inactive: ☐ Disallow User: ☐

Documents | Other Actions | Error Check | Save | Save-Next: ...

6. Add your \$0.00 charge. Then go to the payment screen **PE-Payment Entry**.

[PE] Payment-Adjustment Entry/Information - (5) CHOICE/AETNA [madmin 02/23/2007 03:35 PM]

General | ERA/Attachments

Payment Id: 5 P/Ldgr: Trans Date: 02/23/07 Dep: 02/23/07 Posted: ...

From - Ins Co: CHOICE/AETNA Classification: CHP CHOICE PAYMENT Amount: \$60.00

R/Party: Pymt Method: ...

Trans Type: A Adjustment Only Chk No./Refer: Comment: ...

Capitation St Mary's Choice-02/23/2007-2

Patient: 2 Capitation St Mary's Choice, ...

Charge: 2 Capitation St Mary's Choice, ...

Ins Co: #1 - CHOICE/AETNA (Inactive)

R/P Bal: \$0.00 Auto Apply CAP CAPITATI

Procedure Code	DOS	Charge Amt	Patient Amt	Profile Amt	Allowed Amt	Starting Bal	Contract WO	Paid Amt	Balance	Adjust Amt	Adjustment Type
CAP	CAPITATION ADJUST	02/23/07	\$0.00	\$0.00	\$0.00	\$0.00			(\$60.00)	\$60.00	CAP - CAPITATI

C/W: \$0.00 Pd: \$0.00 Adj: \$60.00

Comment: Stmt-Msg: Stmt-Cmnt: ...

Unapplied Amount: \$0.00

Tot C/W: \$0.00 Tot Pd: \$0.00 Tot Adj: \$60.00

Documents | Other Actions | Error Check | Save | Save-Next: ...

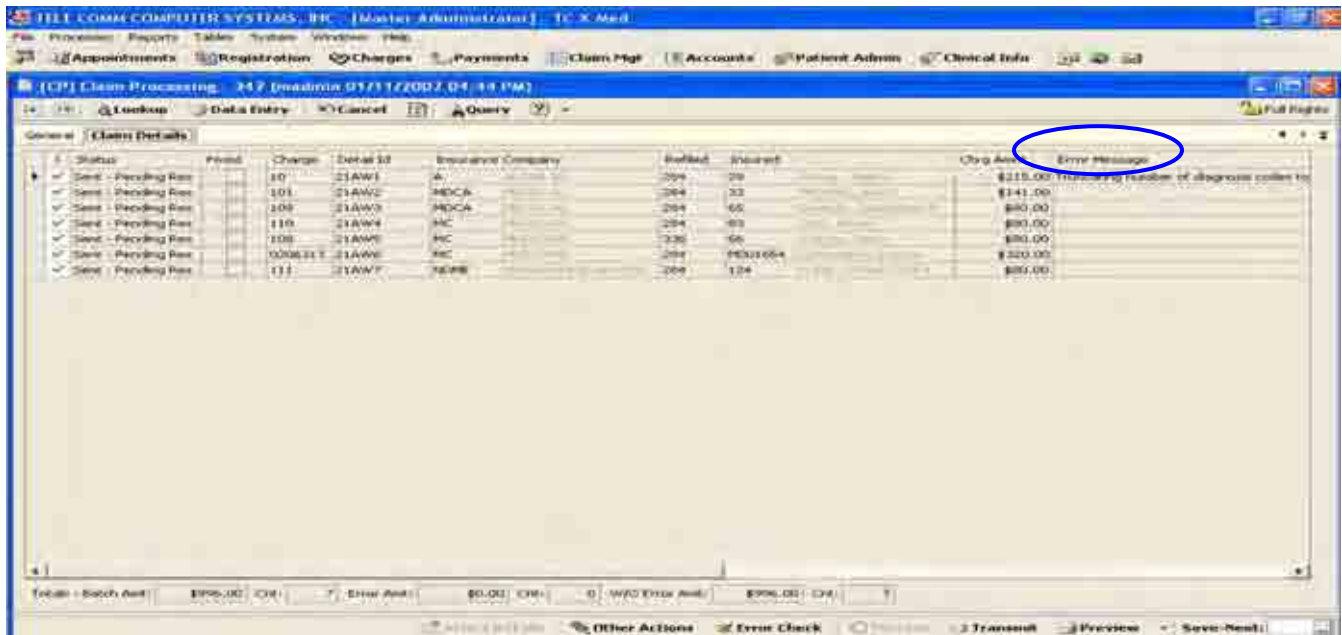
7. Put the payment in as an Adjustment (the -\$0.00 amount) and then the "PE" for the -\$0.00 amount.

8. Click **Save** when done.

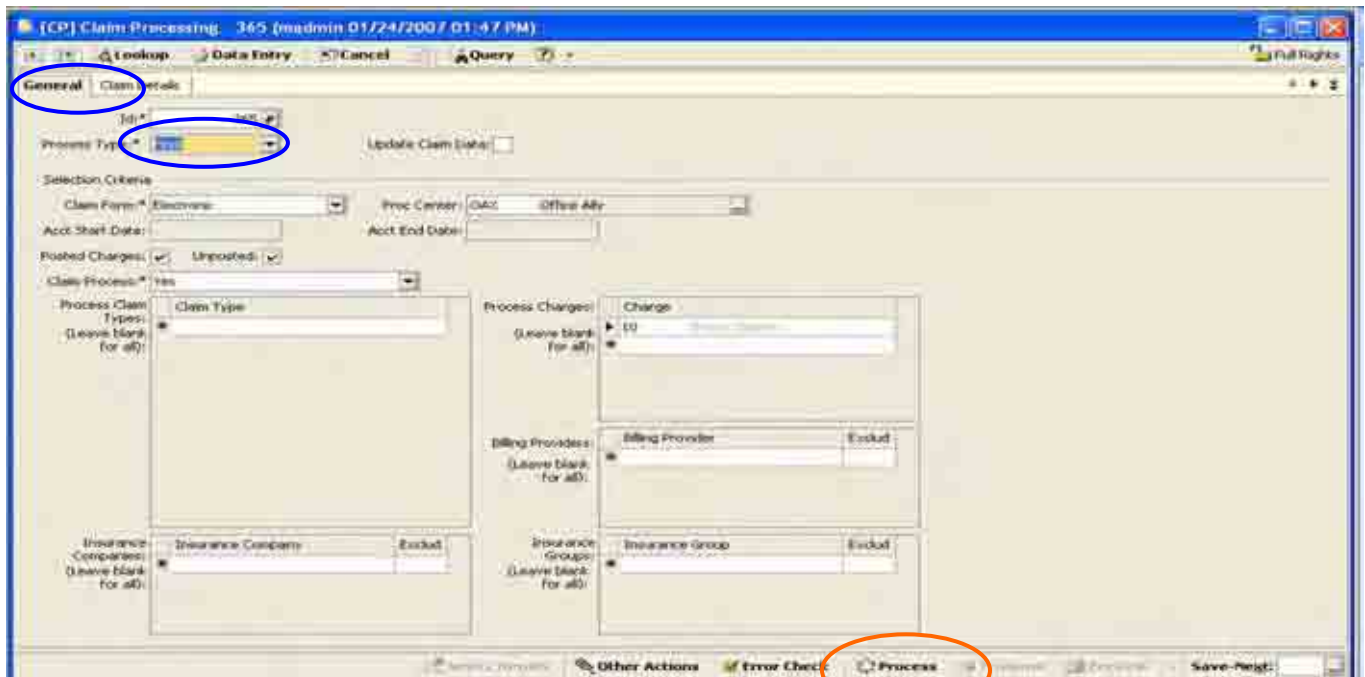
Claims Processing	CP
-------------------	----

(CP) Claim Processing–Electronic

1. The # symbol generates the next Claim ID.
2. **Process Type:** Proof (This will check the claims for errors but not process them).
3. **Claim Form:** Electronic.
4. **Proc Center:** Click on the ellipsis and choose NHS or Office Ally from the list of Claim Processing Centers.
5. **Acct Start Date:** Should be left blank.
6. **Acct End Date:** Should be left blank.
7. **Posted Charges:** Needs to be checked ✓.
8. **Unposted:** Needs to be checked ✓.
9. **Claim Process:** Yes.
10. **Process Claim Types:** Leave blank for ALL.
11. **Process Charges:** Leave blank for ALL.
12. **Billing Providers:** Leave blank for ALL.
13. **Insurance Companies:** Leave blank for ALL.
14. **Insurance Groups:** Leave blank for ALL.
15. To process claims click on **Process**.

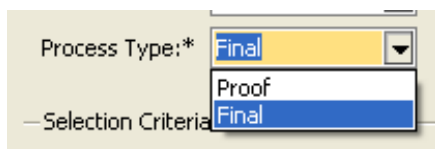


Once electronic claims are processed, you will see the detail of all claims and errors, if any. Claims containing errors will be listed under [Error Message](#). From this screen you can go directly to the charge and make your corrections.



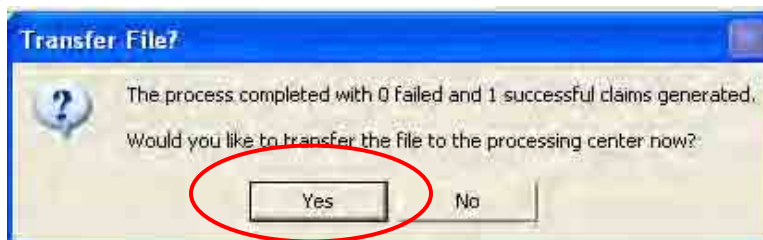
16. Having completed your corrections, click the [General Tab](#) to Process the claims.

17.



18. Change the **Process Type** from Proof to **Final**.

19. Click on **Process** at the bottom of the screen.



20. To transfer the file to the processing center click **Yes**.



21. Click **OK**.

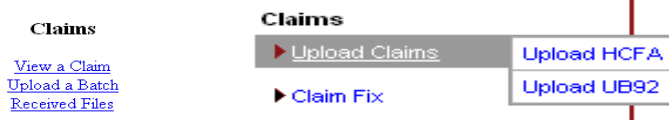


22. **Minimize** **INCISIVE PM** and go to your Windows Desktop.

23. Double click on your internet browser (e.g. Firefox, Netscape, or Internet Explorer).

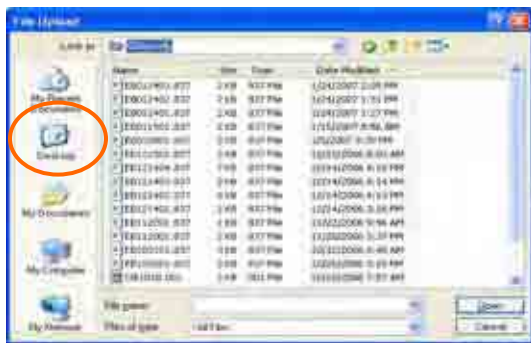
24. Go to www.nethealthclaimservices.com or www.officeally.com

25. Login with your User Id and Password.



26. Click on "Upload Batch" *for NHS* or "Upload Claims" *for Office Ally*.

27. Upload HCFA for *Office Ally*.



28. Click on **Desktop**.
29. Click on the *NHS* or *Office Ally* Folder.
30. Select your most recent batch.
31. Click "Open".
32. Click "Upload".
33. You have now uploaded your claims to *NHS* or *Office Ally*.
34. Print the page with the File ID for your records.

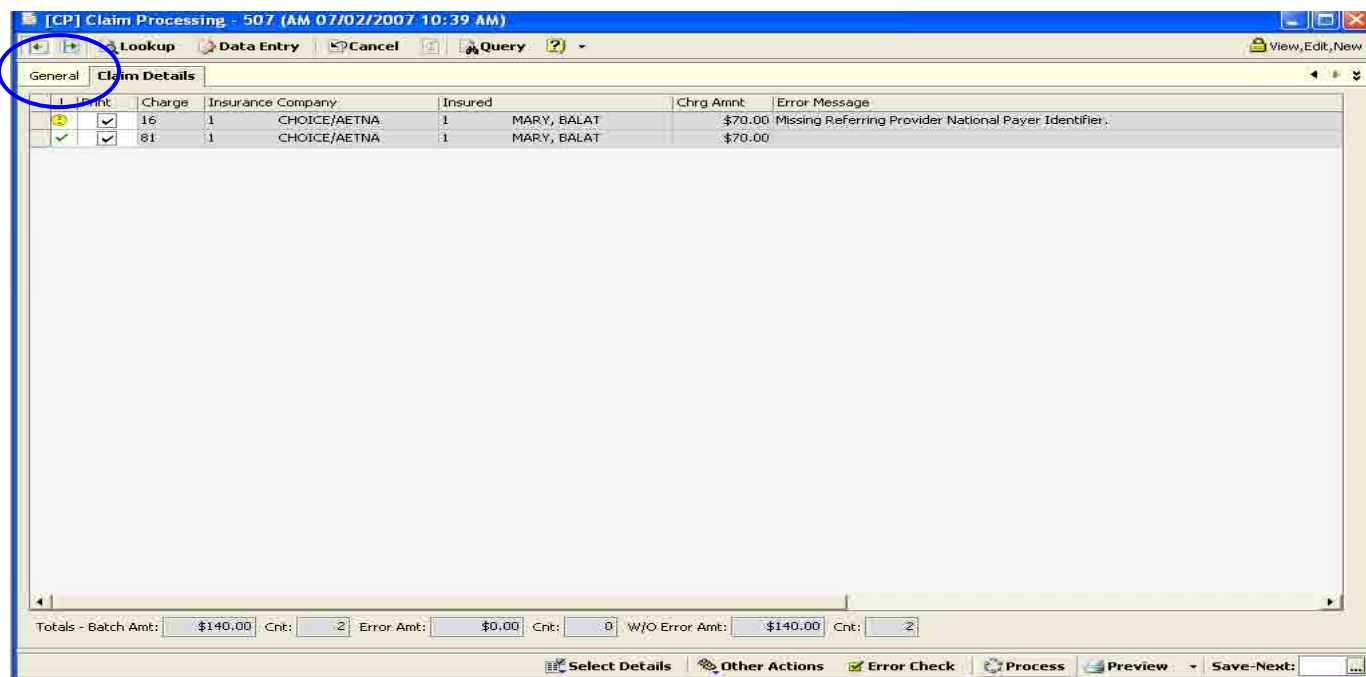
Wait 24 hours and log back into www.nethealthclaimservices.com or www.officeally.com and click Download File Summary. Print or view your File Summary Report for any errors.

Claim Processing – Paper (CP)

The screenshot shows the 'General' tab of the 'Claim Processing' window. The title bar indicates the window is for '507 (AM 07/02/2007 10:33 AM)'. The 'Process Type' dropdown is set to 'Proof'. The 'Claim Format' is 'Paper', 'Proc Ctr' is blank, and 'Paper Form' is 'New CMS1500 (C)'. 'Acct Start Date' and 'Acct End Date' are blank. 'Posted Charges' and 'Unposted' are both checked. 'Claim Process' is set to 'Yes'. The 'Process Claim Types' table is empty. The 'Process Charges' table is empty. The 'Billing Providers' table is empty. The 'Insurance Companies' table has one entry: '1 CHOICE/AETNA'. The 'Insurance Groups' table is empty. The 'Process' button at the bottom right is circled in green.

35. The # symbol generates the next Claim ID.
36. **Process Type:** Proof (This will check the claims for errors but not process them).
37. **Claim Form:** Paper.
38. **Proc Center:** Should be left blank.
39. **Paper Form:** You have a choice between Old CMS 1500 (12/90) or New CMS 1500 (08/05).
40. **Acct Start Date:** Should be left blank.
41. **Acct End Date:** Should be left blank.
42. **Posted Charges:** Needs to be checked ✓.
43. **Unposted:** Needs to be checked ✓.
44. **Claim Process:** Yes.
45. **Process Claim Types:** Leave blank for ALL.
46. **Process Charges:** Leave blank for ALL.
47. **Billing Providers:** Leave blank for ALL.
48. **Insurance Companies:** Leave blank for ALL.
49. **Insurance Groups:** Leave blank for ALL.
50. To process claims click **Process**.

51. The Claim Detail Tab will open and list claims to be printed. This will also list errors on the claims if any.

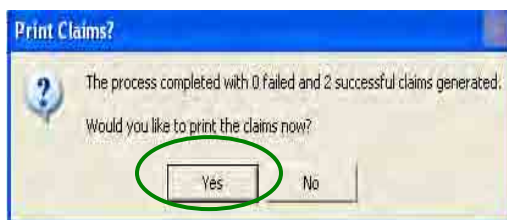


52. Correct errors if applicable.

53. Click on the **General Tab**.

54. Change **Process Type** to "Final".

55. Click **Process**.



56. When the following message appears, click **Yes** to print the claims. This prompts the **Print Preview** screen.

57. Put claim forms in your printer



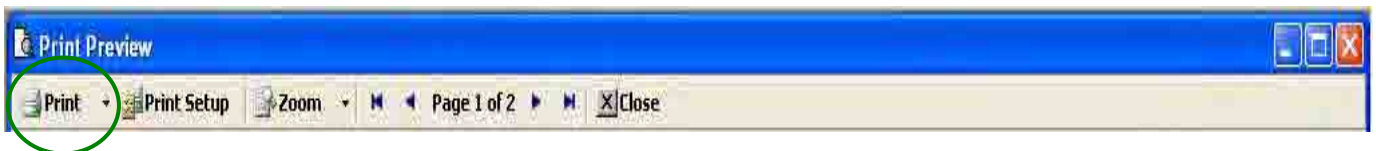
58. Click the **Print** button.

Print claims to a disk



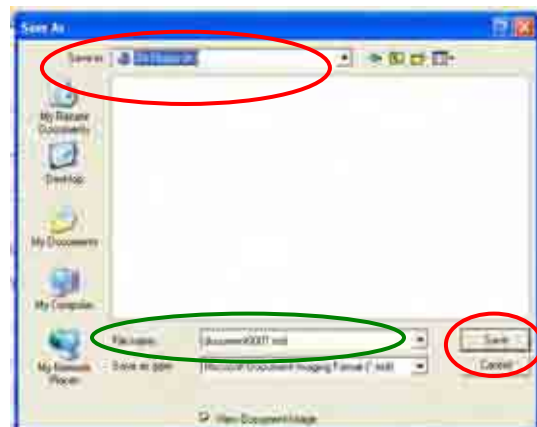
1. Click on the **Print Setup** button **BEFORE** clicking the Print button.

2. Change the printer to **Microsoft Office Document Image Writer**.
3. Click **OK**.
4. Insert your CD or floppy.



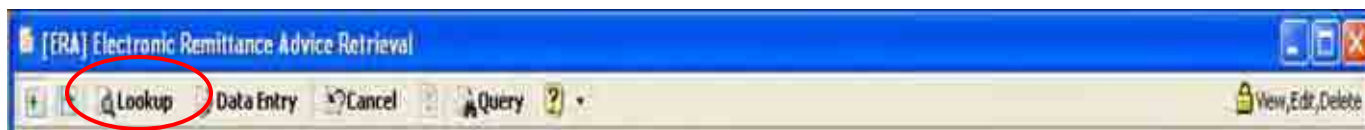
5. Click the **Print** button.

6. When the "Save As" screen appears, select the appropriate format (e.g. 3 1/2 Floppy) in the **Save In** field.
7. Assign a name to your document in the **File Name** field (e.g. HCMG, CPMG, St Mary, etc.).
8. Click **Save**.

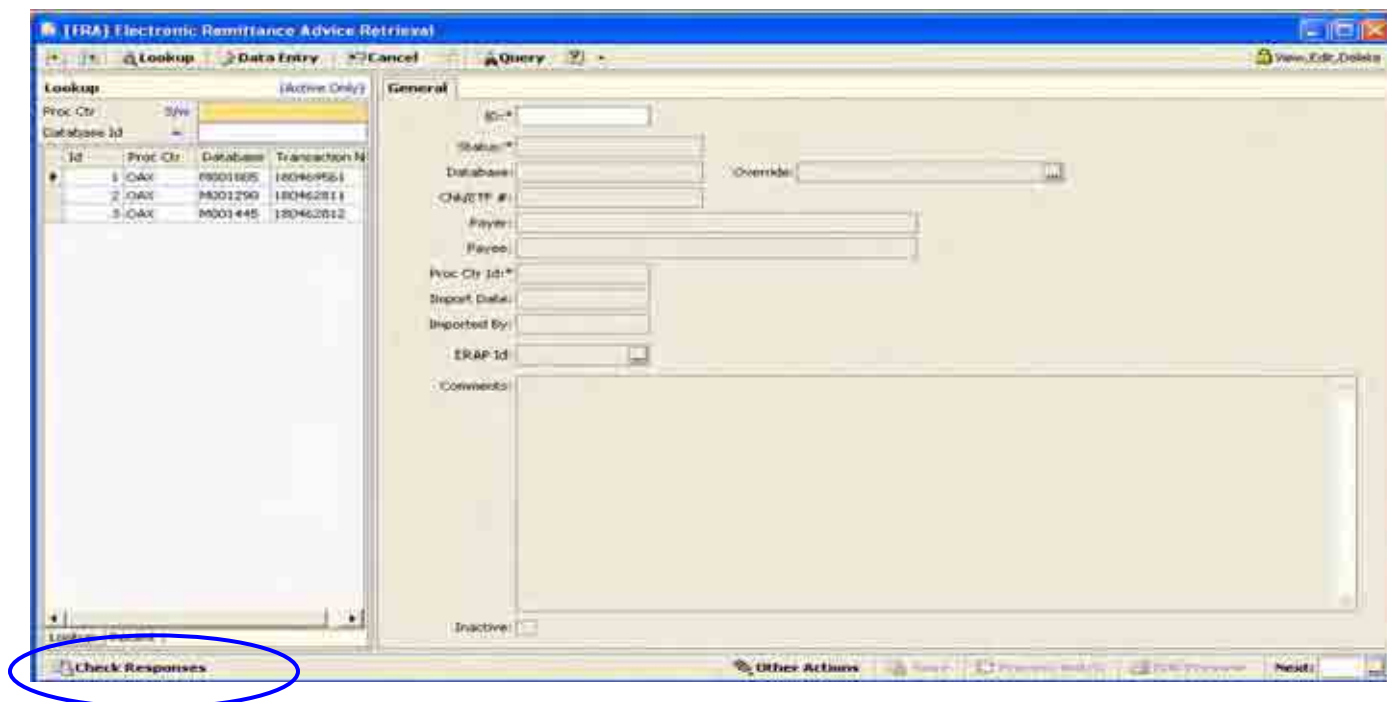


9. This prompts **Microsoft Office Document Image Writer**.
10. This shows you your claims without the CMS 1500 red boxes.
11. You may now exit out of that screen, remove your storage device (e.g. floppy, CD) and submit to the IPA.

Electronic Remittance Transactions (ERA)



1. Click **Lookup** to locate your check number.



2. If check number is not listed, click **Check Responses**.
3. Select a Claim Processing Center from the menu.
4. The *Process Check* begins.
5. If there are no new payment transactions, the following screen appears.

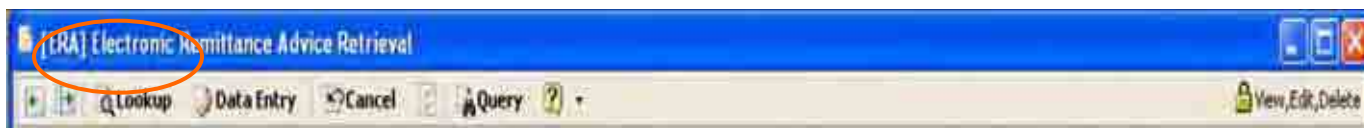
Net Healthclaim Services
Office Ally
The Health Information Network



If there is a new payment transaction, the following information appears.



6. Click **OK**.



7. Click **Lookup** to locate your check number.
8. Select the check you wish to process



9. Click **Process Batch** at the bottom right.
10. After processing, INCISIVE PM takes you to a second screen.

[ERAP] Electronic Remittance Processing - 89

Lookup Data Entry Cancel Query View, Edit, Delete

General Details

Id: 89

Process Type: *Proof

Batch Information

Proc Center: HMSA Hawaii Medical Service Associati

Era Txn Id: 111

Chk/EFT #: N01333743

Payer Name: HAWAII MEDICAL SERVICE ASSOCIATION

Payee Name: DOUGLAS L BROWN DO

Payment Id:

Payment Act Date: 10/22/2005

Amount Paid: \$2,945.03 Unapplied: \$0.00

Select Details Error Check Process EOB Preview Save-Next:

11. Make sure **Process Type** is set to **Proof**.
12. Double check the Amount Paid matches the amount on your check.
13. Click **EOB Preview** at the bottom right.

Print Preview

Print Print Setup Zoom Page 1 of 1 Close

THIS COVER SHEET IS REQUIRED FOR ALL REMITTANCE ADVISEMENTS

Service Summary

Patient No.	Date of Birth	Insurance	Insurance Policy No.	Insurance Plan	Insurance Type
1000000000	10/22/2005	1000000000	1000000000	1000000000	1000000000

Insurance Summary

Insurance	Insurance Policy No.	Insurance Plan	Insurance Type	Insurance Code	Insurance Description
1000000000	1000000000	1000000000	1000000000	1000000000	1000000000

Payment Summary

Payment	Payment Amount	Payment Date	Payment Type	Payment Code	Payment Description
1000000000	1000000000	10/22/2005	1000000000	1000000000	1000000000

EOB Summary

EOB	EOB Amount	EOB Date	EOB Type	EOB Code	EOB Description
1000000000	1000000000	10/22/2005	1000000000	1000000000	1000000000

Page 1 of 1

This prompts INCISIVE PM to display the EOB (Explanation of Benefits) on the screen.

Payment Entry	PE
---------------	----

Payment Entry for Insurance

When entering an insurance payment, go to [PE] Payment Adjustment Entry Insurance screen.

The screenshot shows the [PE] Payment Adjustment Entry/Information window. The 'General' tab is active. The 'Payment Id:*' field is highlighted in yellow and circled with a blue ellipse. The 'From - Ins Co:' field is circled with a red ellipse. The 'Insurance' tab is selected, showing a list of insurance companies. The 'Distribution' table is visible below the list.

1. **Payment Id:*** is highlighted; click F2 or the **ellipse** to create a new Payment Id.
2. **From -Ins Co:** You may click F2, which prompts INCISVE PM to open the **IC-Insurance Companies** screen
OR
you can click the **ellipse**, which prompts the following screen.

The screenshot shows the 'Insurance Companies' selection screen. It displays a list of insurance companies and an option to 'Insurance Company Selection via Charge Lookup'.

3. Select **Insurance Company Selection via Charge Lookup**, which opens the **Select Charge** window.
4. **Enter Charge:** Enter the Charge ID from the EOB & click **OK**.

OR

The screenshot shows the 'Select Charge' window. The 'Enter Charge:' field is highlighted in yellow and circled with a red ellipse. The 'OK' and 'Cancel' buttons are visible.

5. Click the **ellipse** to Lookup a charge; select the Patient from the list and click **Select** and **OK** to return to the **PE** screen.

[PE] Payment Adjustment Entry/Information - (97) PACIFICARE

General ERA/Attachments Lookup Data Entry Cancel Query

Payment Id: 97 P/Ldgr: Trans Date: 07/03/07 Dep: 07/03/07 Posted:

From - Ins Co: PACIFICARE Classification: PCP PACIFICARE PAYMENT Amount:

R/Party: Pymt Method:

Trans Type: Chk No./Refer: Comment:

HULL-06/04/2007-70

Patient: 10 HULL, DANNI L Insurance Patient Alerts R/P Alerts Appeals Open Charges

Charge: 79 HULL, DANNI L Insurance Company: PACIFICARE Inact: Claim Type: P/C Frm: Subscriber/Insured: Member No: 2496281-01

Ins Co: #1 - PACIFICARE

Fin Cls: NON-COMMERCIAL

R/P Bal: \$20.00

Auto Apply

Procedure Code	DOS	Charge Amt	Patient Amt	Profile Amt	Allowed Amt	Starting Bal	Contract WO	Paid Amt	Balance	Ins Adj Amt	Adjustment Type
99212	OFFICE VISIT FOCUS	06/04/07	\$70.00	\$0.00	\$0.00	\$70.00	\$0.00	\$0.00	\$70.00	\$0.00	
Totals		\$70.00	\$0.00	\$0.00	\$0.00	\$70.00	\$0.00	\$0.00	\$70.00	\$0.00	

Unapplied Amount: \$0.00

Stmt: Stmt-Msg: Stmt-Cmnt:

Total C/W: \$0.00 Total Paid: \$0.00 Total Adjust: \$0.00

Documents Other Actions Error Check Save Save-Next

1. The **Trans Date:***, **Dep:**, and **Classification:*** load automatically.
2. **Trans Type***: Click on the ellipsis, and choose P (EOB, Payment, or Pay w/Adj) or A (Adjustment Only) if you are making an adjustment, and click Select.
3. **Payment Method**: e.g. Cash, Check, MasterCard, Refund, Capitation Payment, etc.
4. **Chk No./Refer**: If payment is by check, enter the check number.
5. **Enter** the amount of the entire check.
6. **Charge***: Enter the Charge ID from the EOB.
7. **Allowed Amt**: Enter the allowed amount.
8. **Paid Amt**: Enter the amount that was paid.
9. **R/P Adj Amt**: Enter the amount adjusted, if any.
10. **Adjustment Type**: Click on the ellipsis or enter the type of adjustment.
11. **Fin Resp Lvl**: If the responsible party needs to pay their portion, change the Financial Responsible Level to 8-Responsible Party.
12. **Stmt Msg**: Payment Statement Message.
13. **Stmt - Cmnt**: Payment Statement Comment.

Important NOTE: If there is more than one patient on the EOB, **DO NOT Save** after applying the first payment. Instead, click on the **blue plus symbol +** (shown above, far right), which opens a new tab.

1. Patient: You will need to enter the Patient ID (for the subsequent patient(s) from the EOB).
2. Repeat the steps outlined above.
3. When all charges from the EOB have been applied and the amount is zero click the **Save** button.

Co-Pay – Without a Charge (PE)

[PE] Payment-Adjustment Entry/Information - (100) HULL, DANNI [AM 07/03/2007 11:47 AM]

Expand Data [F7] Documents

Payment Id:* 100 P/Ldgr: Trans Date:* 07/03/07 Dep: 07/03/07 Posted:

From - Ins Co: Classification:* COP-CO-PAYMENT Amount:* \$20.00 Auto Apply

R/Party: 10 HULL, DANNI L Pymt Method: CK - Check R/P Bal: \$60.00

Trans Type:* P - EOB, Payment, or Pay w/Adj Chk No./Refer: 78963 Comment:

Patient: Charge:* Ins Co: Fin Cls: R/P Bal: Auto Apply

Chrg Id	Patient	DOS	Charge Amt	Balance	Paid Amt	Contract WO	Adjust Amt	R/P Balance	R/P P
61	10 HULL, DANNI	05/10/07	\$70.00	\$70.00	\$0.00	\$0.00	\$0.00	\$20.00	
66	10 HULL, DANNI	05/17/07	\$70.00	\$70.00	\$0.00	\$0.00	\$0.00	\$20.00	
79	10 HULL, DANNI	06/04/07	\$70.00	\$70.00	\$0.00	\$0.00	\$0.00	\$20.00	
82	10 HULL, DANNI	07/02/07	\$915.00	\$915.00	\$0.00	\$0.00	\$0.00	\$20.00	
Totals			\$1,125.00	\$1,125.00	\$0.00	\$0.00	\$0.00	\$80.00	

Distribution:

Procedure Code	DOS	Charge Amt	Patient Amt	Profile Amt	Allowed Amt	Starting Bal	Contract WO	Paid Amt	Balance	R/P Adj Amt	Adjustment Type
----------------	-----	------------	-------------	-------------	-------------	--------------	-------------	----------	---------	-------------	-----------------

Unapplied Amount: \$20.00

Documents Other Actions Error Check **Save** Save-Next:

- Verify that you are on the **General** Tab.
- Payment Id:*** will be highlighted, Press F2 or click on the # to create a new Payment Id.
- From - Ins Co:** Leave Blank.
- R/Party:** Click on the ellipsis or enter the Responsible Party ID.
- Trans Type*:** Select P - EOB, Payment, or Pay w/Adj.
- Classification:** Co-Payment.
- Pymt Method:** Click on the ellipsis and choose your payment method type (e.g. cash, check, visa, etc.).
- Chk No./Refer:** If payment is by check, enter the check number.
- Amount*:** Enter the amount of the Co-Pay made.
- If Charge has not been created, click the **Save** button.

This creates an Unapplied Amount.

Co-Pay-With a Charge (PE)

[PE] Payment-Adjustment Entry/Information - (102) HULL, DANNI (AM 07/03/2007 01:06 PM)

General ERA/Attachments

Payment Id:* 102 P/Ldgr: Trans Date:* 07/03/07 Dep: 07/03/07 Posted:

From - Ins Co: Classification:* COP-CO-PAYMENT Amount:* \$20.00 Auto Apply

R/Party: 10 HULL, DANNI L Pymt Method: CK Check R/P Bal: \$20.00

Trans Type:* P EOB, Payment, or Pay w/Adj Chk No./Refer: 7845 Comment:

HULL-05/10/2007-61

Patient: 10 HULL, DANNI L

Charge:* 61 HULL, DANNI

Ins Co: Fin Cls: COM-COMMERCIAL R/P Bal: \$0.00

Auto Apply

Open Charges

Chrg Id	Patient	DOS	Charge Amt	Balance	Paid Amt	Contract WO	Adjust Amt	R/P Balance	R/P P
61	10 HULL, DANNI	05/10/07	\$70.00	\$50.00	\$20.00	\$0.00	\$0.00	\$0.00	
66	10 HULL, DANNI	05/17/07	\$70.00	\$70.00	\$0.00	\$0.00	\$0.00	\$20.00	
79	10 HULL, DANNI	06/04/07	\$70.00	\$70.00	\$0.00	\$0.00	\$0.00	\$20.00	
82	10 HULL, DANNI	07/02/07	\$915.00	\$915.00	\$0.00	\$0.00	\$0.00	\$20.00	
Totals			\$1,125.00	\$1,105.00	\$20.00	\$0.00	\$0.00	\$60.00	

Distribution:

Procedure Code	DOS	Charge Amt	Patient Amt	Profile Amt	Allowed Amt	Starting Bal	Contract WO	Paid Amt	Balance	R/P Adj Amt	Adjustment Type
99212 OFFICE VISIT FOCUS	05/10/07	\$70.00	\$0.00			\$70.00	\$0.00	\$20.00	\$50.00		
Totals		\$70.00	\$0.00	\$0.00	\$0.00	\$70.00	\$0.00	\$20.00	\$50.00	\$0.00	

Unapplied Amount: \$0.00

Stmt-Msg: Stmt-Cmnt:

Total C/W: \$0.00 Total Paid: \$20.00 Total Adjust: \$0.00

Documents Other Actions Error Check Save Save-Next

1. Verify that you are on the **General** Tab.
2. **Payment Id:*** will be highlighted, Press F2 or click on the # to create a new Payment Id.
3. **From - Ins Co:** Leave Blank.
4. **R/Party:** Click on the ellipsis or enter the Responsible Party ID.
5. **Trans Type*:** Select P - EOB, Payment, or Pay w/Adj.
6. **Classification:** Co-Payment.
7. **Pymt Method:** Click on the ellipsis and choose your payment method type (e.g. cash, check, visa, etc.).
8. **Chk No./Refer:** If payment is by check, enter the check number.
9. **Amount*:** Enter the amount of the Co-Pay made.
10. **Charge*:** Enter the Charge ID for the Co-Pay.

Tip: **Open Charge Tab** lists open charges for the patient; double click on the **Charge ID** and it will populate the fields.

11. **Paid Amt:** Enter the paid amount.
12. Click the **Save** button.

Insurance Recoupment (PE)

[PE] Payment-Adjustment Entry/Information - (755) HMSA [Judy 02/14/2006 11:48 AM]

Lookups Data Entry Cancel Query ? Full Rights

General

Payment Id: 755 Trans Date: 02/14/06 Dep: 02/14/06 Posted:

From - Ins Co: HMSA HMSA Classification: H HMSA Amount: \$215.11

R/Party: Pymt Method: CK - Check

Trans Type: P EOB, Payment, or Pay w/Adj Chk No./Refer: Ck #N01341176 Comment: HMSA \$56.07 recoupment for Linda Dixon chrg #576, acct #521.

Dixon-07/12/2005-576 Kawamura-09/17/2005-859 Maedo-06/16/2005-1028

Patient: Charge: 576 Dixon, Linda

Ins Co: #1 - HMSA

R/P Bal: \$0.00 Auto Apply H HMSA

Distribution:

Procedure Code*	DOS	Charge Amt	Patient Amt	Profile Amt	Allowed Amt	Starting Ba	Contract	Paid Amt	Balance	Adjust Amt	Adjustment Type
99203	07/12/0	\$184.92	\$0.00	\$0.00	\$64.90	\$8.83		(\$56.07)	\$0.00	\$64.90	R Recoupment

C/W: \$0.00 Pd: (\$56.07) Adj: \$64.90

Comment: HMSA Recoupment.

Stmt-Msg: Stmt-Cmnt:

Unapplied Amount: \$0.00

Tot C/W: \$166.26 Tot Pd: \$215.11 Tot Adj: \$64.90

Insurance Patient Alerts R/P Alerts Appeals

Insurance Company*	Inact	Claim Type*	P/C	Frm	Subscriber/Insured	Member No
HMSA HMSA		H HMSA	N	E	521 Dixon, Linda	R000021149083

Documents Other Actions Error Check Save Save-Next

In this Example, the Patient was not seen on the Date of Service Billed. Payments from the EOB are entered by creating a New Tab for Each Payment.

1. Create a **Payment Id**.
2. Enter **Ins Co**.
3. **Transaction Type**: P (EOB, Payment, or Pay w/Adjust).
4. Enter the **Pmnt Method**, **Ck No.** and **Amount** of the Insurance Payment.
5. Create a Payment Entry by Entering the **Charge ID**.
6. Enter the **Paid Amount** as a Negative Dollar Amount.
7. Enter the **Adjustment Amount** with the **Total Amount** of the Claim.
8. Enter the **Adjustment Type** as a **Recoupment**.
9. You may need to create a New Adjustment Type.
 - a) Click the "drop down box" in the **Adjustment Type** Field and select **Data Entry**.
 - b) Create an **Adjustment ID (R)**, and Enter the Description as a **Recoupment**.
 - c) Enter a **Comment** for the Adjustment.
10. After Entering All Payments, verify the **Unapplied Amount** has a Zero Balance.

Unapplied Payments (CE)

[CE] Charge Entry/Information - (79) PT: HULL, DANNI L. DOS: 6/4/2007. DOC: DUNLOP, DON [dlh 06/04/2007 02:04 PM]

General | Ins Coverage/Service Detail | **Apply Pymt** | Financial Mgmt | Claim/Strmts History | Procedure Pay | Appeals/Follow-up | Attachments

Chrg/RP Due CWO: Paid: Adjust Amt: Balance:
 Total: \$70.00 \$0.00 \$0.00 \$0.00 \$70.00
 Responsible Party: \$20.00 \$0.00 \$0.00 \$20.00

Account: 10 HULL, DANNI L.

Unapplied Payments:

Pymnt Id	Pymnt Dte	Unapp'd Amt	Method	Reference	Trans Total
100	07/03/07	\$20.00	Check	78963	\$20.00
101	07/03/07	\$20.00	Check	78963	\$20.00
Σ	Totals	\$40.00			\$40.00

Insurance: Insurance Company
 S PACIFICARE

Documents | Other Actions | Error Check | Save | Save-Next: ...

1. Lookup the Charge Id for the Unapplied Payment(s).
2. Select **Apply Pymt Tab**.
3. If there are unapplied payments, the **Information Bubble** appears next to the **Apply Pymt Tab**.
4. The **Unapplied Payments** are listed.
5. Click on the **Pymnt Id** you wish to apply to this Charge.
6. Click on the ellipsis.

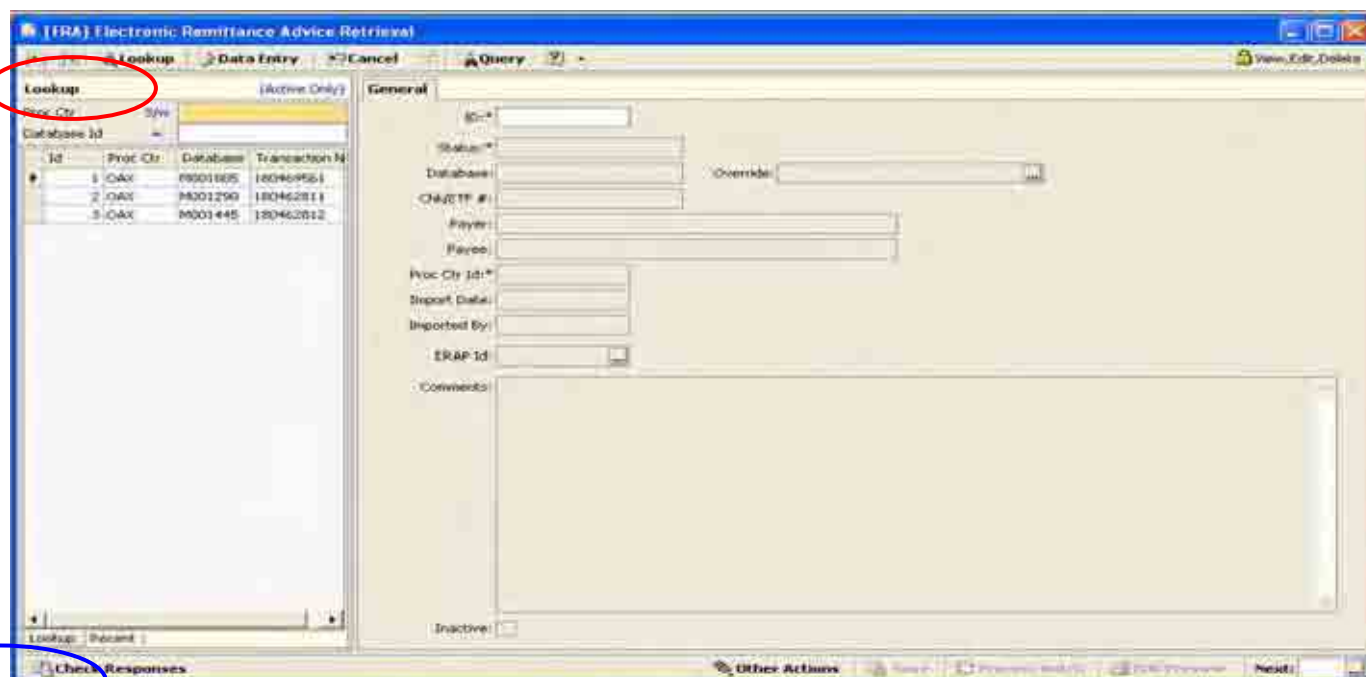
[PE] Payment-Adjustment Entry/Information

Apply this payment to current charge...

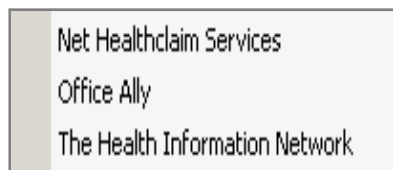
7. Click **Apply this payment to current charge...**

8. This prompts the PE - Payment - Adjustment Entry/Information screen.
9. **Paid Amt:** Enter the unapplied amount.
10. Click on the **Save** button at the bottom right corner.

Electronic Remittance Advice Retrieval (ERA)



1. Click **Lookup** to locate your check number.
2. If check number is not listed, click **Check Responses**.



3. Select the appropriate Claim Processing Center from the menu.

4. This initiates the **Process Check** procedure.

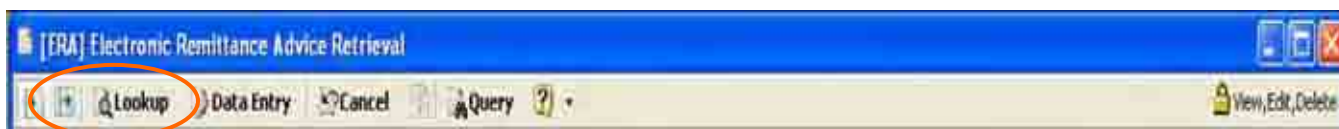
If there are no new payment transactions, the following screen appears:



If there is a new payment transaction, the following information appears:



5. Click **OK**.



6. Click on **Lookup** to try to locate your check number
7. Select the check you wish to process.



8. Click on **Process Batch** at the bottom right.

When processing is complete, INCISIVE PM takes you to the ERAP–Electronic Remittance Processing screen.

[ERAP] Electronic Remittance Processing - 89

Lookup Data Entry Cancel Query View, Edit, Delete

General Details

Id: 89

Process Type: Proof

Batch Information

Proc Center: HMSA Hawaii Medical Service Associati...

Era Txn Id: 111

Chk/EFT #: N01333743

Payer Name: HAWAII MEDICAL SERVICE ASSOCIATION

Payee Name: DOUGLAS L BROWN DO

Payment Id:

Payment Act Date: 10/22/2005

Amount Paid: \$2,945.03 Unapplied: \$0.00

Select Details Error Check Process EOB Preview Save-Next

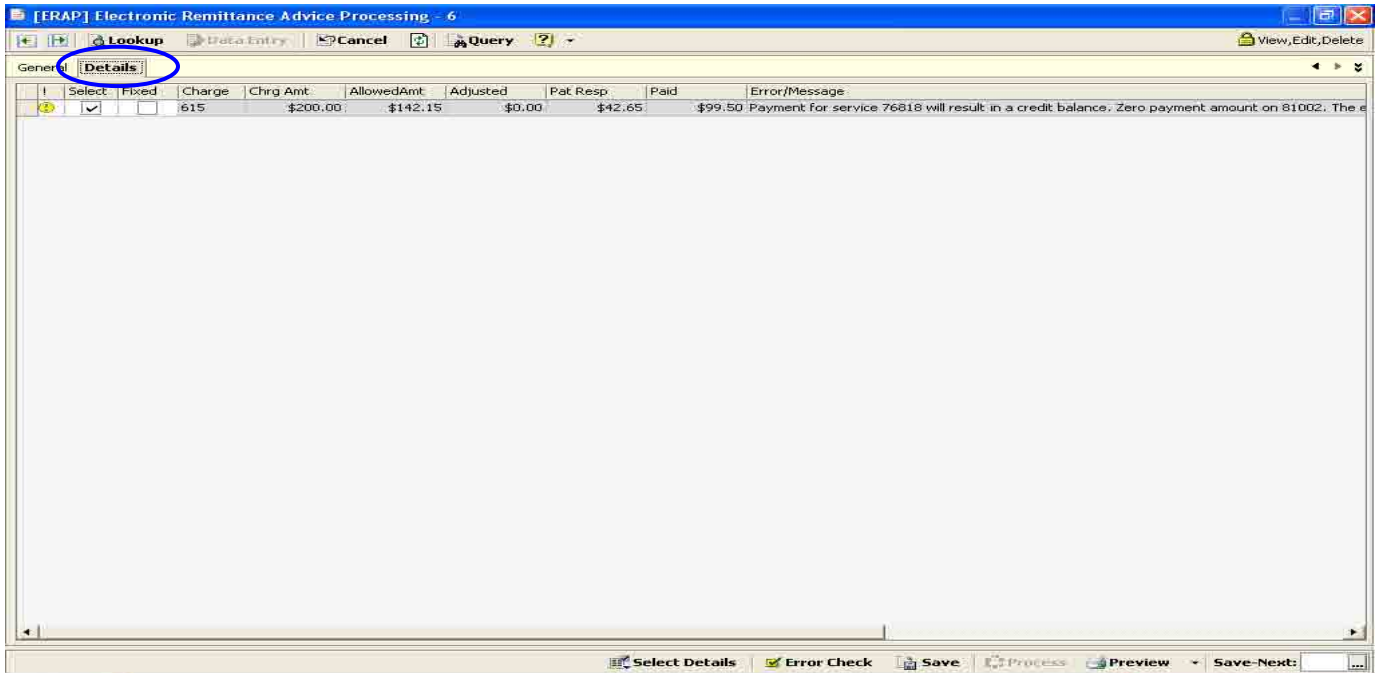
9. Make sure **Process Type** is set to **Proof**.
10. Double check that the **Amount Paid** matches the amount on your check.
11. At this time you may set the Payment Act Date; this date is reflected in the PE - Payment-Adjustment Entry/Information screen for "Trans Date" and "Dep Date".
12. Click **EOB Preview** at the bottom right.

This prompts INCISIVE PM to display the EOB (Explanation of Benefits) on the screen.

1. You have the option to **Print** this for your records.
2. Click **Close** when you are finished.

This returns you to **ERAP**–Electronic Remittance Advice Processing screen.

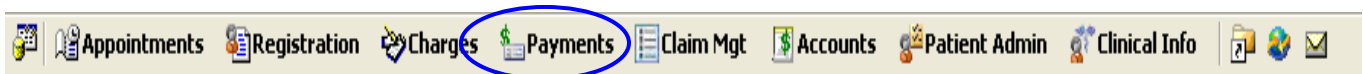
1. Change **Process** Type to **Final**.
2. Click **Process**.



3. Select the **Details** tab.
INCISIVE PM now displays the Charge ID, Charge Amount, Allowed Amount, Adjusted Amount, Patient Responsibility Amount, Paid Amount and Any errors or messages
4. Click on the **General** Tab.
Note the "Payment ID".



5. Click **Save**.



6. At the top of the screen, click on **Payments**.



7. Select **Lookup**.

Search for payment by Check Number, Acct Trans Date or Payment Id.

8. Press **Enter** two times.
9. **Pymt Method:** Enter the payment type (e.g. check).
10. **Paid Amt:** Verify the amount.
11. Click on the **Save** button.

Solutions for possible Payment Entry scenarios encountered when transitioning from the former PMS to INCISIVE PM:

Erroneous personal Payment entered into INCISIVE PM

In this scenario, a personal payment has been entered and posted in a responsible party account in INCISIVE PM. The total check has been applied to a charge, leaving a zero amount unapplied. A portion of this payment should have been applied to your previous billing system.

The screenshot displays the 'Payment Adjustment Entry/Information' window for 'Akasaka, Linda'. The 'General' tab is active, showing a 'Payment ID' of 003, a 'Date' of 12/25/05, and a 'Postdate' of 01/24/2006. The 'Classification' is 'Personal Payment' with an 'Amount' of \$30.00. The 'R/P Bal' is (\$15.00). The 'Trans Type' is 'EOM Payment, w/ Pay w/Ad'. Below this, a table for 'Akasaka-12/15/2005-376' shows a single row with a 'Charge' of \$76, a 'Charge Amt' of \$76.00, a 'Balance' of (\$15.00), and a 'Paid Amt' of \$15.00. The 'Unapplied Amount' is \$0.00. The 'Tot C/W' is \$0.00, 'Tot Pd' is \$30.00, and 'Tot Adj' is \$0.00.

1. Go back to your original [Payment ID](#) and re-allocate the payment amount so that the unapplied is the \$\$ amount that you wish to apply to your previous billing system.
2. Click on the "red X" on the right hand side of the screen to delete the original application of the payment.
3. Save.
4. Enter original payment entry ID and re-apply the correct amount of the payment that should be applied to the INCISIVE PM charge, leaving the balance of the amount to be applied in your previous billing system.

[767] Payment Adjustment Entry Information - [767] Alaska (Date: 01/24/2006 10:10 AM)

Linkup Data Entry Cancel Query

General

Payment ID: 101 Trans Date: 01/20/06 Gen: 01/01/06 Product: 01240000

Prod - Dis Co: Alaska, Code: 111 Classification: PR - Payment Payment Amount: \$20.00 Auto Apply

Pymt Method: OK, Check P/R Bal: (\$15.00)

Trans Type: F: ECR Payment, or Pay with On No. Order: 0-950000-101 Comment:

Alaska 12/15/2005 P/R

Subsidiary: 200 Alaska, Code: 111

Open (Change - Responsible Party):

Orig ID: Interest: DCS Charge Amt: Balance: Paid Amt: Contract WO: Adjust Amt: P/R Balance

P/R Bal: \$0.00 Split: 1 P/R Bal: 0

Distribution

Product Code	DCS	Charge Amt	Interest Amt	Profile Amt	Manual Amt	Starting Bal	Contract WO	Paid Amt	Balance	D/R to	Adjust Amt	Adjust
99013	12/15/05	\$0.00	\$0.00	\$0.00	\$40.00	\$25.00		\$15.00	\$0.00			

Insurance

Insurance Company: WESA Insured Class Type: 1 P/C: 1 Subcontractor: 111 Product No: 000001012991

Shipped Amount: \$15.00 Tot C/W: \$0.00 Tot P/R: \$15.00 Tot A/R: \$0.00

Documents Error Check Save Save As

5. Create a fictitious CPT code, in which you will allocate the unapplied amount. (Be careful not to use a real CPT code as this will distort your reports.)

[PCT] Procedure Codes - (ABC) ABC pt balance forward [Stephania 01/24/2006 11:10 AM]

Look Up Data Entry Cancel Query

General Procedure Group Codes Coding Schedule Overrides Fee Schedule Overrides Procedure/Facility Claim Coding Schedules

ID# 200

Description: ABC pt balance forward Classification:

Inpatient/Outpatient: Rec'd - Reason:

Ref Value (Date): Not Drug Code: Leg Days:

Age - From: To: Gender (M/F): Terrible:

Claim Coding Schedules:

Claim Coding Schedule	Procedure Code	Type of Service	Pct Desc	Pct Only	SS Ind	Back 10 - Total Use
0	ABC	9				

Fee Schedules:

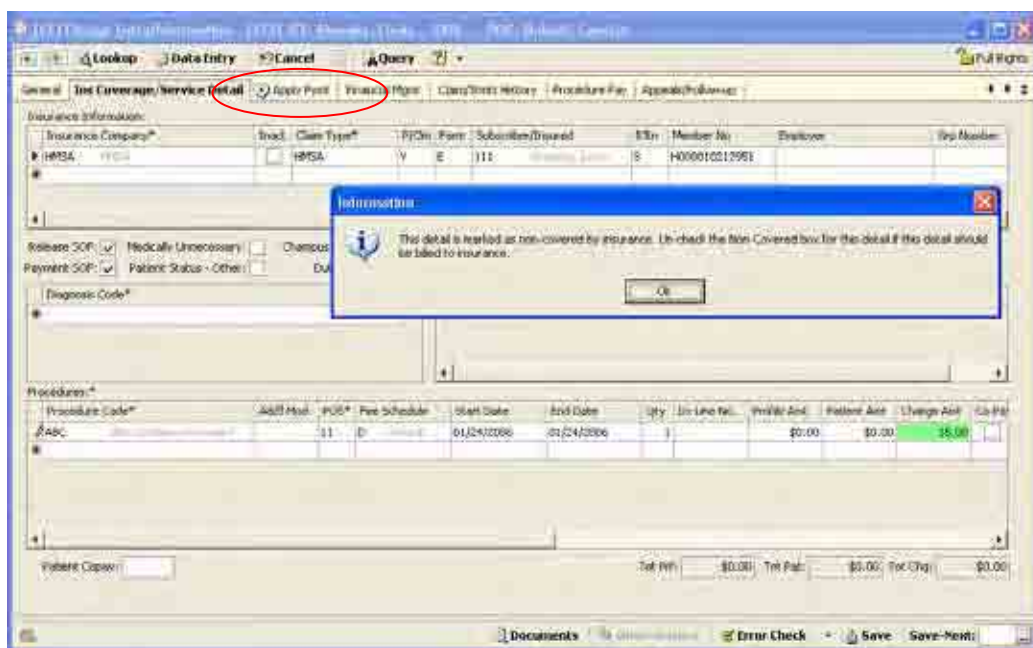
Fee Schedule Type	Co-pay	Charge Amt	Profile Amt	Patient Amt	Pat % Sec 0/6	GI Days	100% Non-Cov	100% Non-Cov
0		\$0.00						

Comment:

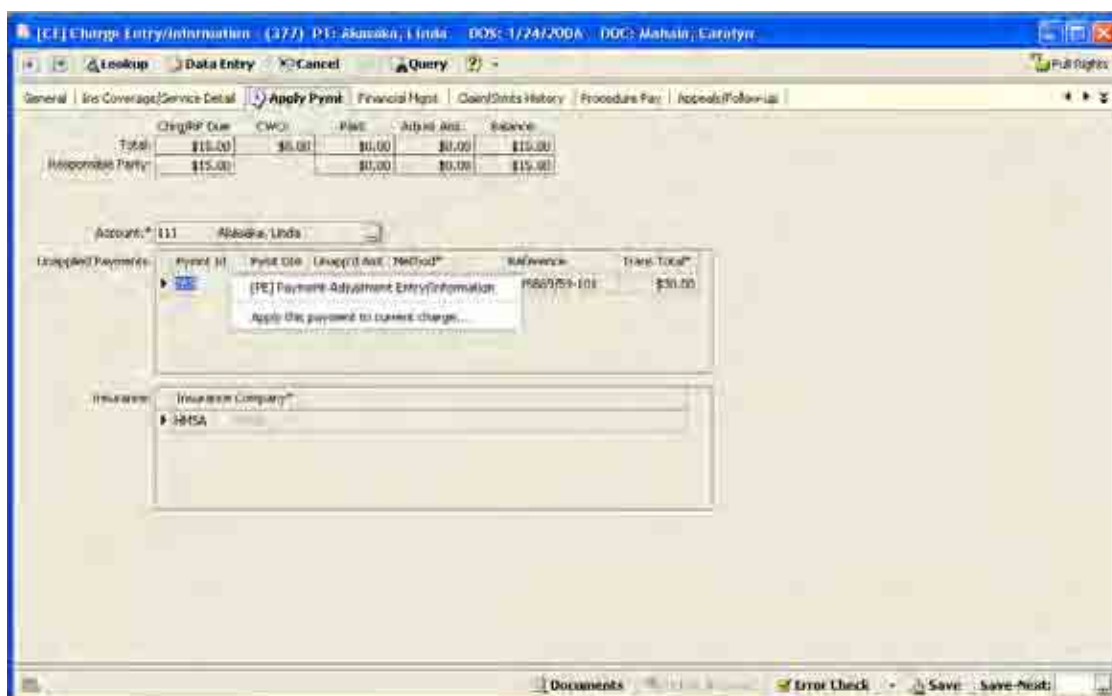
Injectable: Disposal Use:

Select Cancel Select Documents Other Actions Error Check Save Save As

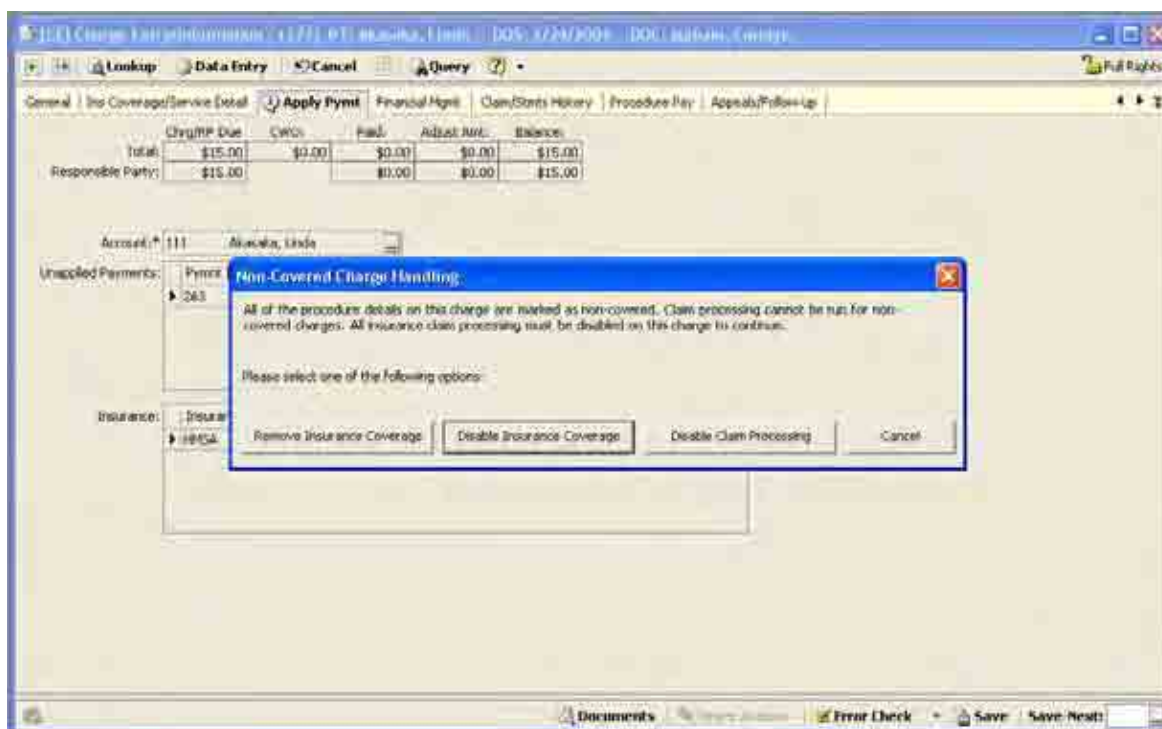
6. Create a charge with the fictitious CPT code for the unapplied amount.



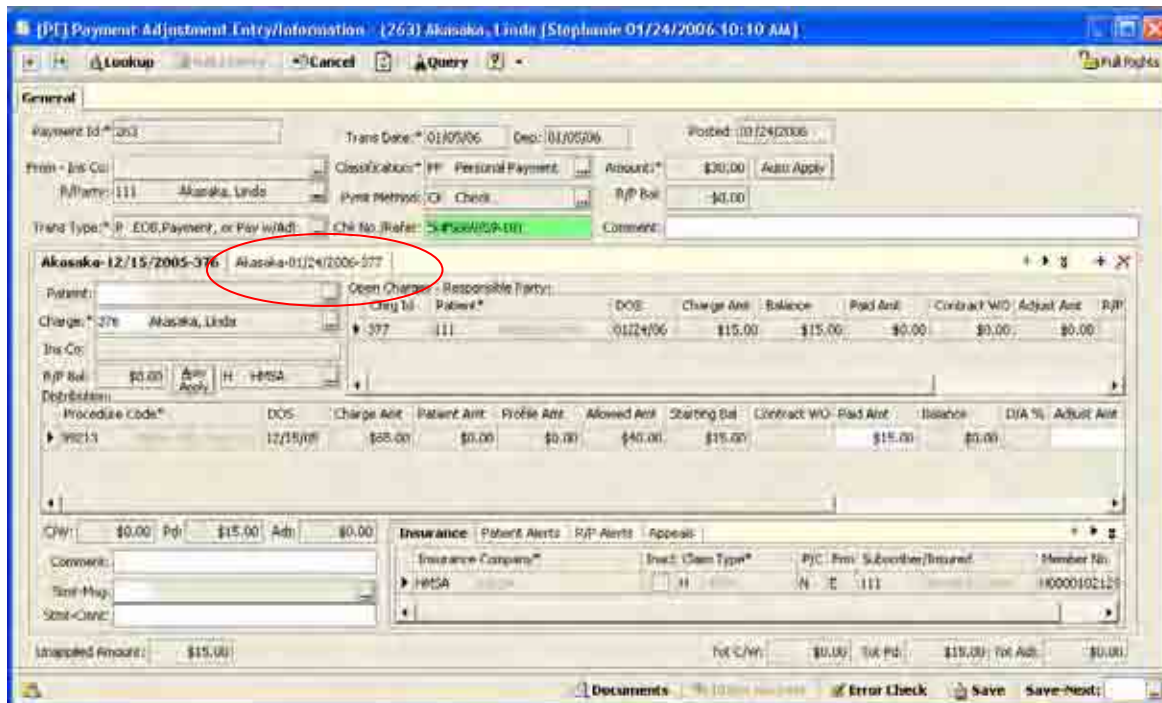
7. On the third tab of the Charge Entry screen **Apply Pymt**, you should see the information symbol alerting you that there is an unapplied payment.
8. Click on the **Apply Pymt** tab.



9. Drill down on the payment ID, and select "Apply this payment to current charge..."
10. A pop-up message will appear, select "Disable Insurance Coverage"



11. This opens the original payment entry screen with the unapplied amount. A tab with the **DOS** and **CE** you had just entered will be created for you. Be careful to select this tab.



12. Enter the paid amount and a comment to appear on the statement.
13. **Save.**

[PT] Payment Adjustment Entry/Information - (763) Akasaka, Linda [Stephanie 01/24/2006 10:10 AM]

Lookup Cancel Query

General

Payment ID: 383 Trans Date: 01/05/06 Dep: 01/05/06 Posted: 01/24/2006

From - Ins Co: Akasaka, Linda Classification: PP Personal Payment Amount: \$30.00 Auto Code:

U/Party: 111 Akasaka, Linda Pymt Method: CR Check P/P Bal: \$0.00

Trans Type: P EOB, Payment, or Pay w/Adj Chk No./Ref: ch#5505/PP-101 Comment:

Akasaka-12/15/2005-375 Akasaka-01/24/2006-377

Charge: 377 Akasaka, Linda

Chg Id: Patient* DOS: 01/24/06 Charge Amt: \$15.00 Balance: \$15.00 Paid Amt: \$0.00 Contract W/O: \$0.00 Adjust Amt: \$0.00 R/P

Ins Co: R/P Bal: \$15.00 H: HEMA

Distribution

DOS	Charge Amt	Patient Amt	Profile Amt	Allowed Amt	Starting Bal	Contract W/O	Paid Amt	Balance	O/A %	Adjust Amt	Adjustment Type
01/24/06	\$15.00	\$0.00	\$0.00	\$15.00			\$15.00	\$0.00			

C/W: \$0.00 Pd: \$15.00 Adj: \$0.00

Comment: Short-Msg: Short-Cmt: P: Balance from previous billing system

Insurance Patient Alerts: D/P Alerts: Appeals

Insurance Company*: HEMA Inact: Claim Type*: H P/C: P/F: Subscriber/Insured: E 111 Member No: H0000102129

Unapplied Amount: \$0.00 Tot C/W: \$0.00 Tot Pd: \$30.00 Tot Adj: \$0.00

Documents Error Check Save Save-Next

- Go back to your old billing system and credit adjust the amount of the fictitious charge that you had created.

Credit Balance Forward (PCT)

(Balance forwarding credits from your legacy system to INCISIVE PM)

The screenshot shows a software window titled "[PCT] Payment Classification Codes - (CBF)". The window has a standard Windows-style interface with a blue title bar and a menu bar containing "Lookup", "Data Entry", "Cancel", "Query", and a help icon. The "General" tab is active. The "ID" field is labeled "ID:*" and contains the text "CBF". The "Description" field is labeled "Description: *" and contains the text "Credit Balance Forward". Below the description is a large, empty text area for "Comments". At the bottom of the window, there are two checkboxes: "Inactive:" and "Disallow Use:". The status bar at the bottom of the window contains several icons and labels: "Documents", "Other Actions", "Error Check", "Save", and "Save-Next:".

1. Create a Payment Classification Code [PCT] for "Credit Balance Forward" *(This allows you to track the credit balances in your reports).*

[PMC] Payment Methods - (NCA)

Lookup Data Entry Cancel Query ? Full Rights

General

ID:* NCA #

Description:* Non-cash Adjustment

Incl In Deposit: ☐

Comments:

Inactive: ☐ Disallow Use: ☐

Documents Other Actions Error Check Save Save-Next:

2. Create a Payment Method [PMC] for Non-Cash Adjustment *(This allows you to track your adjustments).*

[PE] Payment-Adjustment Entry/Information - (253) Brown, Charlie

Lookup Data Entry Cancel Query ? Full Rights

General

Payment Id:* 253 #

Trans Date:* 01/11/06 Dep.* 01/11/06 Posted:

Probs - Ins Co: Classification:* COP - Credit Balance For Amount:* \$50.00 Auto Apply

R/Party: 117 Brown, Charlie Trans Method: NCA Non-cash Adjust R/P Bal:

Trans Type:* EOR Payment, or Pay-in/Ad Chg No./Refer: Credit balance from ABC Comment:

Patient: Chrgs - Responsible Party:

Chg Id	Patient*	DOS	Charge Amt	Balance	Paid Amt	Contract WO	Adjust Amt	R/P Balance

Procedure Code* DOS Charge Amt Patient Amt Profile Amt Allowed Amt Starting Bal Contract WO Paid Amt Balance D/A % Adjust Amt Adjust

C/W: \$0.00 Ad: \$0.00 Adj: \$0.00 Insurance: Patient Alerts R/P Alerts Appeal

Insurance Company* Incl. Claim Type* P/C From Subscriber/Insured Member No.

Unapplied Amount: \$50.00 Tot C/W: \$0.00 Tot Ad: \$0.00 Tot Adj: \$0.00 Tot: \$0.00

Documents Other Actions Error Check Save Save-Next:

3. Create a payment entry [PE].

4. **Payment ID**- assign an ID.
5. Enter the **Responsible Party ID** (financial information in APM is based on the responsible party).
6. **Trans Type**—P for 'EOB, Payment or Pay w/ Adj.'
7. **Classification**—the payment classification code that you had created.
8. **Pymt Method**—the payment method code that you had created.
9. **Chk no./Refer**—enter a description of the credit balance.
10. **Amount**—enter the amount of the credit.

If there are no outstanding charges in the system that you need to apply this credit to, this will remain unapplied.

11. **Save** the transaction.

If you need to apply the credit to a charge, continue to the middle of the screen, enter the Charge ID and apply the credit accordingly.

Balance Forwarding Credit into INCISIVE PM (ATC)

In this scenario, a credit exists in your previous billing system that could be applied towards an existing charge in INCISIVE PM or left unapplied for future use.

The screenshot shows a software window titled "[ATC] Adjustment Type Codes - (CABC)". The window has a menu bar with "Lookup", "Data Entry", "Cancel", and "Query". The "General" tab is selected, displaying the following fields:

- ID:* CABC
- Description:* Credit from ABC
- Comments: (A large text area for notes)
- Inactive: ☐
- Disallow Use: ☐

The bottom status bar contains several buttons: "Select", "Cancel Select", "Documents", "Other Actions", "Error Check", "Save", and "Save-Next".

1. Create an "Adjustment Type Code" (ATC).

[PE] Payment Adjustment Entry/Information - (25) Abe, Kenneth (Stephanie 10/05/2005 03:01 PM)

Lookup Data Entry Cancel Query

General

Payment ID: [] Invo Date: 10/05/05 Dep: 10/05/05 Posted: []

From - Ins Co: [] Classification: ADJ Adjustment Amount: \$10.00

R/Party: 201587 Abe, Kenneth S. Print Method: [] R/P Bal: (\$10.00)

Trans Type: A Adjustment Only Chk No./Refer: Credit transferred from ABC Comment: []

Abe-10/01/2005-13

Patient: [] User Charges - Responsible Party:

Charge#	Chg Id	Patient#	DOB	Charge Amt	Balance	Paid Amt	Contract W/O	Adjust Amt	R/P Balance
13		201587	10/01/05	\$72.92	\$62.92	\$0.00	\$0.00	\$10.00	(\$10.00)

Ins Co: [] R/P Bal: (\$10.00)

Distribution:

Charge Amt	Patient Amt	Profit Amt	Allowed Amt	Starting Bal	Contract W/O	Paid Amt	Balance	Adjust Amt	Adjustment Type	Fin Resp (Y)
\$72.92	\$0.00	\$0.00	\$0.00	\$72.92		\$62.92	\$10.00	ABC		1

C/W: \$0.00 Pd: \$0.00 Adj: \$10.00

Comment: []

Shut-Flag: []

Shut-Orin: Credit transferred from old system

Unapplied Amount: \$0.00

Tot C/W: \$0.00 Tot Pd: \$0.00 Tot Adj: \$10.00

Documents Other Actions Error Check Save Save-Negs

Insurance Patient Alerts R/P Alerts Appeals

Insurance Company: [] Invt: Claim Type: [] R/Cm: [] From: Subscriber/Insured

PLUS [] PL [] Y E 201587

2. Create a Payment Entry (PE):
 - a) **R/party:** Account you wish to have the credit applied to
 - b) **Transaction Type:** A-Adjustment
 - c) **Classification:** A-Adjustment
 - d) **Amount:** \$\$ amount to be transferred
 - e) **Comment:** Reference note for you
1. If there is a charge that this could be applied to, bring up the charge, enter the amount of the credit on that charge and enter your [ATC] as the code you had created above.
2. **Save.**
3. Go back to your previous billing system and debit adjust the balance forwarded to INCISIVE PM.

Transferring Credit from Your Old System (PE)

The screenshot shows the 'Payment Adjustment Entry/Information' window in the INCISIVE PM software. The window title is '(25) Abe, Kenneth (Stephanie 10/05/2005 03:01 PM)'. The 'General' tab is selected, displaying various fields for entering payment adjustment information. Key fields include 'Payment ID', 'Trans Date' (10/05/05), 'Dep' (10/05/05), 'Posted', 'From - Ins Co', 'R/Party' (201587), 'Classification' (ADJ Adjustment), 'Amount' (\$10.00), 'Print Method', 'R/P Bal' (\$10.00), 'Trans Type' (A-Adjustment Only), 'Chk No./Refer' (Credit transferred from ABC), and 'Comment'. Below these fields is a table titled 'Abe-10/01/2005-13' with columns for 'Charge', 'Ins Co', 'R/P Bal', and 'Distribution'. The table shows a single row with a charge of \$72.92, an insurance company of 'ABC', and a balance of \$10.00. At the bottom of the window, there are buttons for 'Documents', 'Other Actions', 'Error Check', 'Save', and 'Save-Neg'.

1. Go to Payment Entry (PE).
2. Create a new **Payment ID**.
3. Enter the **R/Party ID** that you would like to transfer the credit to.
Trans Type—A-Adjustment Only
4. Double check your Transaction and Deposit Dates.
 - a. **Classification**—ADJ-Adjustment (If you do not have this code in your table, please add it)
 - b. **Chk No./ Refer**—Credit transferred from your other practice management system
 - c. **Amount**—Enter the amount of the credit transfer
 - d. **Adjustment Amount**—Enter.
 - e. **Enter the Adjustment Type**—MIBS -MIBS credit transfer (If you do not have this code in your table, please add it).
 - f. **Stmt Cmmt**—Enter a description that the responsible party would understand.

INCISIVE PM Recoupments (CE)

If a recoupment was done on an INCISIVE PM account, but the check needs to be entered into INCISIVE PM, you will need to offset the recoupment with a negative charge, so that nothing remains unapplied.

The screenshot shows the 'General' tab of the 'Charge Entry/Information' window. The patient is 'ABC Refund Account' with ID 482. The insurance is 'ABC Refund Account'. The coverage/case is 'NONE'. The billing provider is 'Nakashizuka, Mari MD'. The facility is 'Doctor's Office'. The date of service is '08/24/2005'. The financial class is 'C Cash'. The charge class is empty. The window also includes sections for 'ADDITIONAL INFORMATION' and 'Active Recalls'.

Rec Date*	Cls Date	Reason	Comment
*			

1. Create a charge for patient "INCISIVE PM" [CE]
Notice that the **Coverage/Case** shows as "NONE".

[CE] Charge Entry/Information - (462) PT: ABC Refund Account, anything DOS: 8/19/2005 DOC: Nakashizuka, Mari (Diane 08/19/200...

Lookup Data Entry Cancel Query ? Full Rights

General **Ins Coverage/Service Detail** Apply Pymt Financial Mgmt Claim/Stmts History Procedure Pay F/U Notes

Insurance Information:

Insurance Company*	Inact	Claim Type*	P/Clt	Form	Subscriber/Insured	R'ltn	Member No.	Employer	Grp Number
HMSA Hawaii Medical Services Pco	<input type="checkbox"/>	HMSA	N	P		S			

Release SOF: ☒ Medically Unnecessary: ☐ Champus - Branch: Ins Payment Waiting Period:

Payment SOF: ☒ Patient Status - Other: ☐ Duty Status:

Global Coverage:

Chrg Id*	Exp Date	Procedure Code	Svc Date

Diagnosis Code*

Procedures:*

Procedure Code*	Addl Mod	POS*	Fee Schedule	Start Date	End Date	Qty	Dx Line No.	Profile Amt	Patient Amt	Charge Amt	Tax
BF Balance Forward Charge		11	D Default	08/19/2005	08/19/2005	1		\$0.00	\$0.00	(\$5.00)	8

Patient Copy:

Tot Prf: \$0.00 Tot Pat: \$0.00 Tot Chg: (\$5.00)

Documents Other Actions Error Check Save Save-Next

2. **Insurance Information:** Select the insurance company that is doing the recoupment.
3. Do a balance forward charge, and enter the deposit date into the **Start Date** and **End Date** fields.
4. The charge amount will be a negative recoupment amount.
5. **Save** the charge
6. Enter your payments.
7. Enter a **negative** recoupment amount on the INCISIVE PM account (This will create a positive payment amount offsetting the negative charge.).

Handling Incorrect Payment Entries that are Posted (RI)

1. Create a **Miscellaneous** account.
2. This Miscellaneous account should be the patient, responsible party and subscriber/insured
3. Create a case coverage (Coverage/Case Info tab) for the insurance plan that you are correcting.
4. Change the **P/CIm** to process as 'N'.
5. Leave the **Member ID Number** blank.
6. Save.

NOTE: You may create multiple case coverage for different insurances that may need corrections.

The screenshot displays the 'INCISIVE PM User Manual' interface for 'Payment Entry'. The main window is titled 'Registration and Claim Information (MSC) Miscellaneous Account (mashbin 01/31/2006 06:30 PM)'. The 'Coverage/Case Info' tab is selected. The form contains the following fields and values:

- Case Type:** HMOA
- Description:** (blank)
- Employee ID:** (blank)
- Work Status:** (blank)
- Injury Date:** (blank)
- Claim Type:** HMOA
- Member ID:** (blank)
- P/CIM:** N
- Save:** (highlighted)

1. Create a case coverage (Coverage/Case Info tab) for the insurance plan that you are correcting.
2. Change the **P/CIM** to process as 'N'.
3. Leave the **Member ID Number** blank.
4. Save.
5. Go to [PC].

Note-You may create multiple case coverage for different insurances that may need corrections

6. Create an "IE" (incorrect entry) procedure code. This will not distort your reports, since it is not a valid code.
7. Go to [CE].

8. Create a Charge ID and enter your Miscellaneous Account as the patient.

9. Select the **Coverage/Service Detail** tab. Enter the "IE" procedure code you created with a **zero charge**.
Write down the Charge ID number.
10. Save.
11. Go to [PE] Payment Entry.

12. Enter the Payment ID of the incorrect payment.
13. In the Charge field, enter the Charge ID number of your "IE" charge you created (or press CTRL and Down Arrow to pull up the last Charge entry).
14. Apply the erroneous payment to the zero charge.
15. Save.

Create a new payment with the **exact same** payment characteristics as the incorrect payment, but make the amount a **negative in both the amount and paid amount** fields to correct previous payment entry.

Payment Adjustment Entry Information - (7/31/2006 06:44 PM)

Lookups Data Entry Cancel Query Help

General

Payment ID# 1271 Term Date 7/31/2006 Item 12/1505 Posted

From Ins Co: 1952 1952 Classification: 10 1952 Amount: (\$500.00)

R/Factor Print Method: X, Check

Memo Type: P, CCB/Remit, or Pre-adj'd CCB No. Broker

Comment: **To correct PE 229 use CCB while I manually correct peak PE

Miscellaneous-01/31/2006-981

Charge	Chrg Id	Policy	DCL	Charge Amt	Balance	Paid Amt	Contract W/O	Adjust Amt	R/P Balance
Miscellaneous Account	100	79	15/04/05	\$50.00	\$15.00	\$50.00	\$0.00	\$0.00	\$0
FFMA (perline)	200	5/2/03	11/01/05	\$115.00	\$115.00	\$0.00	\$0.00	\$0.00	\$0
	101	47	11/04/06	\$70.00	\$41.00	\$100.00	\$0.00	\$0.00	\$0

Subtotal: \$0.00

Procedure Code: CCB Charge Amt: \$500.00 Patient Amt: \$0.00 Ins Amt: \$0.00 Admin Amt: \$0.00 Contract W/O: \$500.00 Paid Amt: \$0.00 Balance: \$0.00

C/W: \$0.00 P: (\$500.00) A: \$0.00

Insurance Policy Alerts: R/P Alerts: Appeals

Bluebonnet Company Short Term Type: P/C Free Subscriber/Spouse Member For: 1456

Unapplied Amount: \$0.00

For C/W: \$0.00 For P: (\$500.00) For A: \$0.00

Documents Other Actions Error Check Save Save-Next

By using the same payment characteristics (payment method, payment classifications, etc), the two payments will “zero each other out”, and there will be no effect on the reports.

16. Be sure to enter a comment for your reference.

Refunding Unapplied Payments (PC)

[PC] Procedure Codes - (R) Refund

Lookup Data Entry Cancel Query ? Full Rights

General Procedure Group Codes Coding Schedule Overrides Fee Schedule Overrides Procedure/Facility Claim Coding Schedules

Id:* R

Description:* Refund Classification: ...

Department: ... Recall - Reason: ...

Rel Value Units: Nat Drug Cde: Lag Days: Taxable: ☐

Age - From: To: Gender Limit: ☐

Claim Coding Schedules:*

Claim Coding Type*	Procedure Code*	Type of Service	Prt Desc	P/Only	S/Unit	Block 19 - Local Use
D Default & Par Provider	R	9 Other Medical Items or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*						

Fee Schedules:*

Fee Schedule Type*	Co-Pay	Charge Amt	Profile Amt	Patient Amt	Pat %	Sec O/R	G/ Days	100%	Non-Cov
D Default	<input type="checkbox"/>	\$0.00				<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
*									

Comment:

Inactive: ☐ Disallow Use: ☐

Select Cancel Select Documents Other Actions Error Check Save Save-Next: ...

1. Create a Procedure Code for Refunds.

INCISIVE PM User Manual - (355) PE: Brown, Lucy - DOS: DOC: Aultman, Carolyn

Lookups Data Entry Cancel Query Full Rights

General Insurance Coverage/Service Detail Apply Pymt Financial Mgmt Claim/Status History Procedure Pay Appeals/Follow-up

Insurance Information:

Insurance Company*	Inst	Claim Type*	PC/Clm	Port	Subscriber/Insured	R/Rm	Member No.	Employee	Grp Number	A/A
LUNA		Commercial - Other	IV		116		36903257#	Tracy's McCully		

Release SOP: ☒ Medically Unnecessary: ☐ Champus - Branch: Ins Payment Waiting Period:

Payment SOP: ☒ Patient Status - Other: Duty Status:

Global Coverage:

Chrg Mt	Exp Date	Procedure Code	Yrc Date	Days

Procedures:

Procedure Code*	Add/Mod	PCG*	Fee Schedule	Start Date	End Date	Qty	Di Uncl No.	Profile Amt	Patient Amt	Charge Amt	Co-Pay	Tax D
R		13	D	01/10/2006	01/10/2006	1		\$0.00	\$0.00	\$0.00		

Parent Co-pay:

Tot Pymt: \$0.00 Tot Pmt: \$0.00 Tot Chgs: \$0.00

Documents Linked Documents Error Check Save Save-Next

- Create a charge entry (CE) with the Procedure Code set to R (refund) for a \$0.00 charge.

Non-Covered Charge Handling

All of the procedure details on this charge are marked as non-covered. Claim processing cannot be run for non-covered charges. All insurance claim processing must be disabled on this charge to continue.

Please select one of the following options:

Remove Insurance Coverage Disable Insurance Coverage Disable Claim Processing Cancel

- The "Non-Covered Charge Handling" box will appear, select "Disable Insurance Coverage".

- Go to the next tab "Apply Pymt"

[CE] Charge Entry/Information - (355) PT: Brown, Lucy DOS: 1/10/2006 DOC: Mahalo, Carolyn

Lookup Data Entry Cancel Query

General Ins Coverage/Service Detail **Apply Pymt** Financial Mgmt Claim/Stmts History Procedure Pay Appeals/Follow-up

	Chrg/RP Due	CWO:	Paid:	Adjust Amt:	Balance:
Total:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Responsible Party:	\$0.00		\$0.00	\$0.00	\$0.00

Account:* 116 Brown, Lucy

Unapplied Payments:

Pymt Id	Pymt Dte	Unapp'd Amt	Method*	Reference	Trans Total*
250				#8569/59-101	\$25.00

[PE] Payment-Adjustment Entry/Information
Apply this payment to current charge...

Insurance: Insurance Company*

UHA University Health Alliance

- Go to the Unapplied payment ID and drill down on the ellipse.
- Select "Apply this payment to current charge..."

[PE] Payment-Adjustment Entry/Information - (250) Brown, Lucy [Stephanie 01/10/2006 03:33 PM]

Lookup Data Entry Cancel Query

General

Payment Id:* 250 Trans Date:* 01/10/06 Dep: 01/10/06 Posted:

From - Ins Co: Classification:* PP Personal Payment Amount:* \$25.00 Auto Apply

R/Party: 116 Brown, Lucy Pymt Method: CK Check R/P Bal: (\$25.00)

Trans Type:* P EOB, Payment, or Pay w/Adj Chk No./Refer: ck#8569/59-101 Comment:

Brown-01/10/2006-355

Patient: Open Charges - Responsible Party:

Chrg Id	Patient*	DOS	Charge Amt	Balance	Paid Amt	Contract WO	Adjust Amt	R/P
355	Brown, Lucy							

Ins Co: R/P Bal: \$0.00 Auto Apply H HMSA

Distribution:

DOS	Charge Amt	Patient Amt	Profile Amt	Allowed Amt	Starting Bal	Contract WO	Paid Amt	Balance	D/A %	Adjust Amt	Adjustment Type
01/10/06	\$0.00	\$0.00	\$0.00		\$0.00		\$25.00	(\$25.00)			

C/W: \$0.00 Pd: \$25.00 Adj: \$0.00

Comment: Stmt-Msg: Stmt-Cmnt:

Insurance Patient Alerts R/P Alerts Appeals

Insurance Company*	Inact	Claim Type*	P/C	Frm	Subscriber/Insured	Member No
UHA University Health Alliance		C Commercial	Y	P	116 Brown, Lucy	369852574

Unapplied Amount: \$0.00 Tot C/W: \$0.00 Tot Pd: \$25.00 Tot Adj: \$0.00

Documents Other Actions Error Check Save Save-Next

7. This takes you to the original payment entry that was unapplied. Enter the payment amount to the \$0.00 charge, which will create a credit balance.
8. Save the entry and save the charge.
9. Go to the [PE] screen.

General

Patient ID: 252 Date: 01/10/06 Dept: 01/10/06 Pctd: 01/10/06

From - Rpt Co: Classification: B Refund: Amount: (\$25.00)

R/Party: 116 Brown, Lucy Type Method: R/P Bal: \$0.00

Trans Type: A - Adjustment Only Chk No./Refer: Comment:

Brown 01/10/2006-255

Patient: Opn Charges - Responsible Party:

Charge: 35 Brown, Lucy Chrg ID: Patient DOG Charge Amt Balance Paid Amt Contract W/O Adjust Amt R/P Balance

R/P Bal: \$0.00 H HMO

Distribution:

Procedure Code	DOGS	Charge Amt	Patient Amt	Profit Amt	Allowed Amt	Starting Bal	Contract W/O	Paid Amt	Balance	Q/A %	Adjust Amt	Adjust
11	01/10/06	\$0.00	\$0.00	\$0.00	\$0.00	(\$25.00)			\$0.00		(\$25.00)	ASC

CNH: \$0.00 Pct: \$0.00 Adj: (\$25.00)

Consent: Insurance: Patient Alerts R/P Alerts Appeals

Stat Map: Insurance Company: Stud. Class Type: P/C Firm: Subscriber/Insured Member No:

Stat Chrgs: P/UNA Y IC Y P 116 069652576

Unapplied Amount: \$0.00 Tot CNH: \$0.00 Tot Pct: \$0.00 Tot Adj: (\$25.00)

Documents Error Check Save Save Next

10. Create a new payment entry.
 - a) Assign a Payment ID.
 - b) Bring up the patient.
 - c) Trans Type—Payment.
 - d) Classification—Refund
 - e) Amount—the amount of the refund.
 - f) Comment—Enter the reason for the refund.
 - g) Charge—Enter the charge ID of the \$0.00 payment.
11. Enter the Adjustment Amt.
12. Enter the Adjustment Type (Create an adjustment type that reflects the reason for the refund).
13. Save the payment.

Day End/Month End	CREP/CO/PREP/PRA/PRAR/AR/CE
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Recognizing that no two practices work alike, INCISIVE PM was designed to allow a greater degree of flexibility. With this flexibility, however, comes the need to evaluate current workflows, thus ensuring INCISIVE PM can work as effectively as possible for your practice.

Before running your first series of reports, we recommend you take a moment to briefly review the information in the following pages. You will be asked to consider how your office is currently set up; this will allow you to balance needs that sometimes seem to be in conflict (e.g. security vs. flexibility).

A number of screens will be accessed in order to provide the reports you may need to run. Please note which screen is being used (found in the upper left corner of the screen) for which report.

How do I Lock the Day for Posting Charges?



When you are running CREP or PREP, INCISIVE PM ask you to provide the following information:

1. **Transaction CutOff:** you can only post charges for the date entered here if you enter a name in the **User(s) - Leave blank for all** box.
2. **User(s) - Leave blank for all:** If you enter a User Name with a Transaction CutOff Date, you can Post Charges again for that same transaction date. If you leave the User Name blank, this **LOCKS** the date, and you will be unable to post for this transaction date.

In the following example, the screen shows that you cannot Post any services or payments with a transaction date prior to 8/31/05.

The screenshot displays the 'General' settings window for 'Anytown Medical Clinic'. The window title is '[CO] Company - (1) Anytown Medical Clinic (Diane 09/21/2005 04:41 PM)'. The 'Lookup' panel on the left shows a table with one entry: '1 Anytown Medical Clinic'. The 'General' tab is active, showing fields for 'Co Name', 'Address', 'Zip Code', 'City', 'St', 'Main Ph Num', 'Ext', 'Fax Number', 'T/Id', and 'Default Global Statement Message'. The 'Transaction Post Dates' section is circled, showing 'Charges' and 'Payments' both set to '08/31/2005'. The bottom status bar includes 'Documents', 'Other Actions', 'Error Check', 'Save', and 'Save-Next'.

Id	Name
1	Anytown Medical Clinic

Transaction Post Dates:

Charges: 08/31/2005

Payments: 08/31/2005

Note – If you have the rights and change these dates, any change you make to the Transaction 'Post Dates' do not affect what you have already posted. It simply "opens" the date, allowing you to continue using this transaction date.

How do I Lock the Month for Payment Entries?

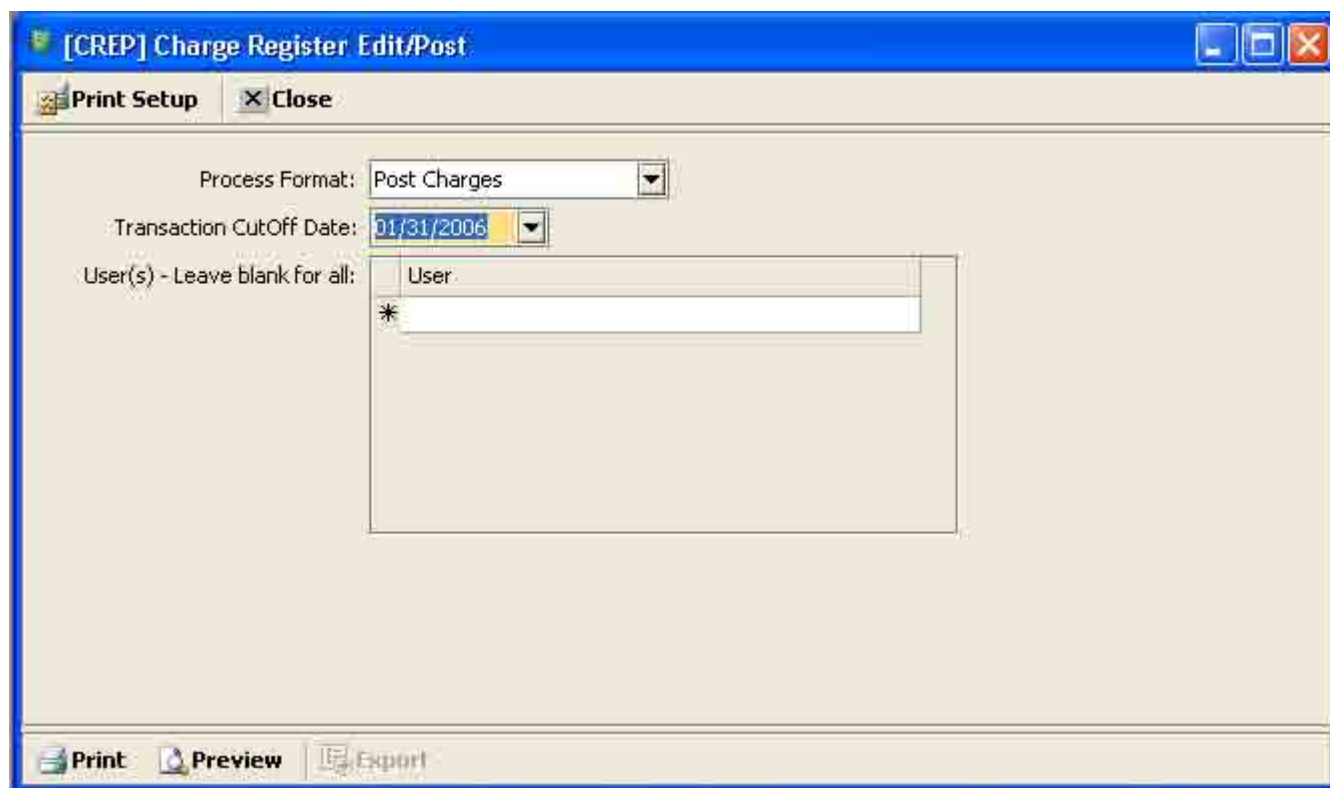
This prevents the user from entering charges and payments prior to your selected Transaction CutOff Date.



Locking the month for Payment entries

1. Select the [PREP] Payment Register Edit/Post.
2. **Process Format:** Preview. Verify that there are no Payments to be Posted and set **Process Format** to "Post Payments".
3. Select the date for the **Transaction Cutoff Date**.
4. Set User: to "Blank". Leaving the User name blank "locks" the date for all users in the provider's database. Payments cannot be posted using a transaction date *before* the cutoff date entered.

How do I Lock the Month for Charge Entries?



Locking the month for Charge Entries

1. Select the [CREP] Charge Register Edit/Post.
2. **Process Format:** Preview. Verify that there are no Charges to be Posted and set **Process Format** to "Post Charges".
3. Select the date for the **Transaction Cutoff Date**.
4. Set User: to "Blank". Leaving the User name blank "locks" the date for all users in the provider's database. Payments cannot be posted using a transaction date *before* the cutoff date entered.

End of Month Reports

Because INCISIVE PM does not require a "Month End", the user has the flexibility to run any report at any time. There are a couple of reports that we suggest you print once all payments and charges (transaction dates) are entered.

(PRA) Charge Entry

The **Provider Revenue Analysis** (PRA) is equivalent to a Production Report.

[PRA] Provider Revenue Analysis

Print Setup Close

Report Format:* By Company - Detail

Accounting Date From: 01/01/2006 Thru: 02/28/2006

Providers - Leave blank for all: Provider*

Print Preview Export

For Report Format, please select By Company - Detail.

This provides a break-down by Classification and by CPT codes.

Anytown Medical Clinic
PROCEDURE ACTIVITY BY COMPANY
 FOR: All Facilities / All Billing Providers / All Service Providers / All Procedure Departments / All Procedure Codes
 FOR DATES OF SERVICE: From 11/01/2005 Through 11/30/2005

Procedure		Quantity		Charge		Profile	
Code	Description	Count	%	Amount	%	Amount	%
12001	Simple repair of superficial wounds of scalp, neck, axillae,	2	6.3	\$230.00	4.9	\$0.00	0.0
13151-E1	Repair of eyelid	1	3.1	\$547.91	11.7	\$0.00	0.0
14060-E1	Repair of tissue	1	3.1	\$1,015.10	21.7	\$0.00	0.0
68440-E1	Punctum snip/ul	1	3.1	\$487.50	10.4	\$0.00	0.0
68440-E2	Punctum snip/ll	1	3.1	\$487.50	10.4	\$0.00	0.0
80061	Lipid Panel	1	3.1	\$15.62	0.3	\$0.00	0.0
90471	Immunization administration	1	3.1	\$10.42	0.2	\$0.00	0.0
90658	Flu Vaccine	1	3.1	\$18.00	0.4	\$0.00	0.0
93000	ECG, routine w/at least 12 leads	1	3.1	\$65.00	1.4	\$0.00	0.0
99203	Office visit, new	1	3.1	\$105.00	2.2	\$0.00	0.0
99213	Office visit, estab pt	8	25.0	\$541.68	11.6	\$357.46	100.0
99214	Office visit, estab pt	4	12.5	\$380.00	8.1	\$0.00	0.0
99222	Hospital admit ii	2	6.3	\$277.08	5.9	\$0.00	0.0
99232	Hospital follow up ii	7	21.9	\$488.53	10.5	\$0.00	0.0
REPORT TOTAL:		32	100.0	\$4,669.34	100.0	\$357.46	100.0

(PRAR) Charge Entry

The Payment Classification Summary is similar to your collection report.

For **Report Format**, please select "Payments by Classification–Summary".

This report provides a breakdown by Insurance companies, showing whether or not their payments were applied.

PAYMENT CLASSIFICATION SUMMARY
Anytown Medical Clinic
FOR DATES: From 01/01/2005 Through 01/31/2005
FOR: All Users / All Methods / All Classifications / All Billing Providers / All Service Providers / All Ins Groups / All Ins Co
FOR: Posted and Unposted

Payment Classification		Transaction Amounts			Applied Amounts			
ID	Description	Payment	Adjustment	Unapplied	CWO	Paid	Adjust.	Total
1	Commercial	\$250.00	\$0.00	\$77.40	\$39.40	\$172.60	\$0.00	\$212.00
2	Patient Payment	\$1,504.04	\$25.00	\$95.00	\$0.00	\$1,434.04	\$0.00	\$1,434.04
6	United Healthcare	\$45.00	\$0.00	\$0.00	\$5.00	\$45.00	\$0.00	\$50.00
REPORT TOTAL:		\$1,799.04	\$25.00	\$172.40	\$44.40	\$1,651.64	\$0.00	\$1,696.04

The Accounts Receivable Analysis is equivalent to your aged receivables summary. Your report format should be "Total AR Aging by Billing Provider by Financial Classification-Summary".

Outstanding Claims

1. Run the Accounts Receivable Analysis [AR] (Reports>Accounts Receivable>Accounts Receivable Analysis)
2. Select the report that you would like to run, along with the criteria that you filtering for.

[AR] Accounts Receivable Analysis

Print Setup Close

Report Format:* Insurance AR Aging By Primary Insurance Group By Primary Insurance Company - Detail

Cutoff Date:* 10/04/2005

Aging Field:* By Accounting Transaction Date

Min Days Aging: 45 Max Days Aging:

Minimum Balance: \$5.00 (Leave blank for all)

Charge Data Providers Insurance Responsible Parties

Facilities - Leave blank for all:

Facility*

Financial Class - Leave blank for all:

Financial Classification*

Print Preview Export

3. Select Preview (lower left corner) to view the report prior to printing.
4. If, after the Preview, this is not the criteria that you wanted in the report, click "Close" and reselect the criteria on the "General" screen.
5. Print the report.

Understanding the Report

The A/R report contains pertinent information that is useful in following up on claims.

Patient		Transaction		Charges	
Id	Name	Id	Date	Gross Amt	Profile Amt
000479	Jordan, Judith	67	07/08/05	\$156.00	\$0.00
		TOTAL - (AETNA) Aetna:		\$156.00	\$0.00
1341	Stephens, C Anne	232	07/20/05	\$291.20	\$0.00
		TOTAL - (BCHI) Blue Card:		\$291.20	\$0.00
002881	Dumas, Lorraine	500	08/11/05	\$156.00	\$0.00
		TOTAL - (FEP) Federal Employees Plan:		\$156.00	\$0.00
008879	Kamano, Marylou	4	07/05/05	\$5,720.00	\$0.00
007759	Balbas, Eugenia	382	08/03/05	\$156.00	\$0.00
		TOTAL - (HMA) HMA, Inc.:		\$5,876.00	\$0.00
005554	Mizusawa, Toshie Ann	511	08/12/05	\$135.20	\$0.00
		TOTAL - (HMAA) HMAA:		\$135.20	\$0.00
005864	Milne, Atina	375	08/02/05	\$156.00	\$0.00
		TOTAL - (MCD) Medicaid:		\$156.00	\$0.00

- The Patient's ID and Name makes it easy to locate the account in Patient Administration.
- The Transaction ID and DOS makes it easy to look up the Charge Entry.
- The total charge amount is listed under the "Gross Amount" column. Each insurance company will have a grand total following the claims that are listed.

Payments			
Applied	CWO	Adjustment	Unapplied
\$100.32	\$30.60	\$0.00	\$0.00
\$100.32	\$30.60	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$37.37	\$86.82	\$0.00	\$0.00
\$37.37	\$86.82	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00

- The report will also show any payments that have been applied towards the charge or unapplied payments that are sitting on the responsible party account.
- HINT- If there is a CWO (contractual write off) listed, this claim is a secondary or tertiary claim.

Outstanding Balance			Ins Paid	
Total	R/P Portion	Ins Portion	I	/ Count
\$25.08	\$0.00	\$25.08	*	08/06/05
\$25.08	\$0.00	\$25.08		1
\$291.20	\$0.00	\$291.20	*	
\$291.20	\$0.00	\$291.20		1
\$156.00	\$0.00	\$156.00	*	
\$156.00	\$0.00	\$156.00		1
\$5,720.00	\$0.00	\$5,720.00	*	
\$156.00	\$0.00	\$156.00	*	
\$5,876.00	\$0.00	\$5,876.00		2
\$11.01	\$0.00	\$11.01	*	09/12/05
\$11.01	\$0.00	\$11.01		1
\$156.00	\$0.00	\$156.00	*	
\$156.00	\$0.00	\$156.00		1

- The Outstanding Balance shows the amount that is still owed, either by the insurance company or the responsible party. (Total = R/P Portion + Ins Portion)
- column indicates whether or not the Insurance has been filed.
- Insurance has been filed.
- % Insurance has not been filed.
- The Ins Paid/Count column shows the date that the primary insurance payment was entered (transaction date). It also displays the total number of outstanding claims per insurance company.

Insurance Portion Aging				
Current	Over 30	Over 60	Over 90	Over 120
		\$25.08		
\$0.00	\$0.00	\$25.08	\$0.00	\$0.00
		\$291.20		
\$0.00	\$0.00	\$291.20	\$0.00	\$0.00
	\$156.00			
\$0.00	\$156.00	\$0.00	\$0.00	\$0.00
		\$5,720.00		
\$0.00	\$0.00	\$156.00	\$5,720.00	\$0.00
	\$11.01			
\$0.00	\$11.01	\$0.00	\$0.00	\$0.00
		\$156.00		
\$0.00	\$0.00	\$156.00	\$0.00	\$0.00

- The last portion of the report shows the actual aging of the claims. "Current", "Over 30" (days), "Over 60" (days), "Over 90" (days) and "Over 120" (days). This is based on the transaction date, not the date of service.

Claim History Report

This report helps determine if a claim has been filed for the charge. It also includes the submission date and Insurance Company.

Batch	Submit Date	Insurance Company	Form	Processing Center	Claim Total	Insured	R'ltn	Member No.	Employer
86	08/24/2005	AETNA	P		\$156.00	37	SP	353349071	
7	07/13/2005	AETNA	P		\$156.00	37	SP	353349071	
7	07/13/2005	TRI	P		\$156.00	37	SP	353349071	

1. Pull up the charge by the ID.
2. Go to the Claim/Stmts History tab.
 - a) **Batch**: Shows which Claim Processing Batch ID this claim was filed.
 - b) **Submit Date**: The date the claim was processed.
 - c) **Insurance Company**: the company that the claim was filed.
 - d) **Form**: How the claim was processed (electronic vs. paper).
 - e) **Claim Total**: The total amount of the claim.
 - f) **Insured**: The subscriber for the plan.
 - g) **R'ltn**: Relationship to the insured.
 - h) **Member number**: The membership number the claim was filed under.
 - i) **Employer**: The employer of the insured.
 - j) **Group Number**: The group number of the insurance plan
 - k) **A/A**: Accept Assignment, if payment should be coming to the office.
 - l) **Prior Auth No**: Prior Authorization Number.
 - m) **Claim Number**: Claim number.
3. If the claim has been filed, but you have not received a response, contact the insurance company.
4. Enter your notes in the **F/U Notes** tab.

[CE] Charge Entry/Information - (67) PT: Jordan, Judith DOS: 7/8/2005 DOC: Nakashizuka, Mari {Mari 08/24/2005 01:49 PM}

Look up Data Entry Cancel Query ? Full Rights

General Ins Coverage/Service Detail Apply Pymt Financial Mgmt Claim/Stmts History Procedure Pay **F/U Notes**

Follow-Up - Date: Reason: Statement - Message:
Comment: Comment:

Notes/Activities:

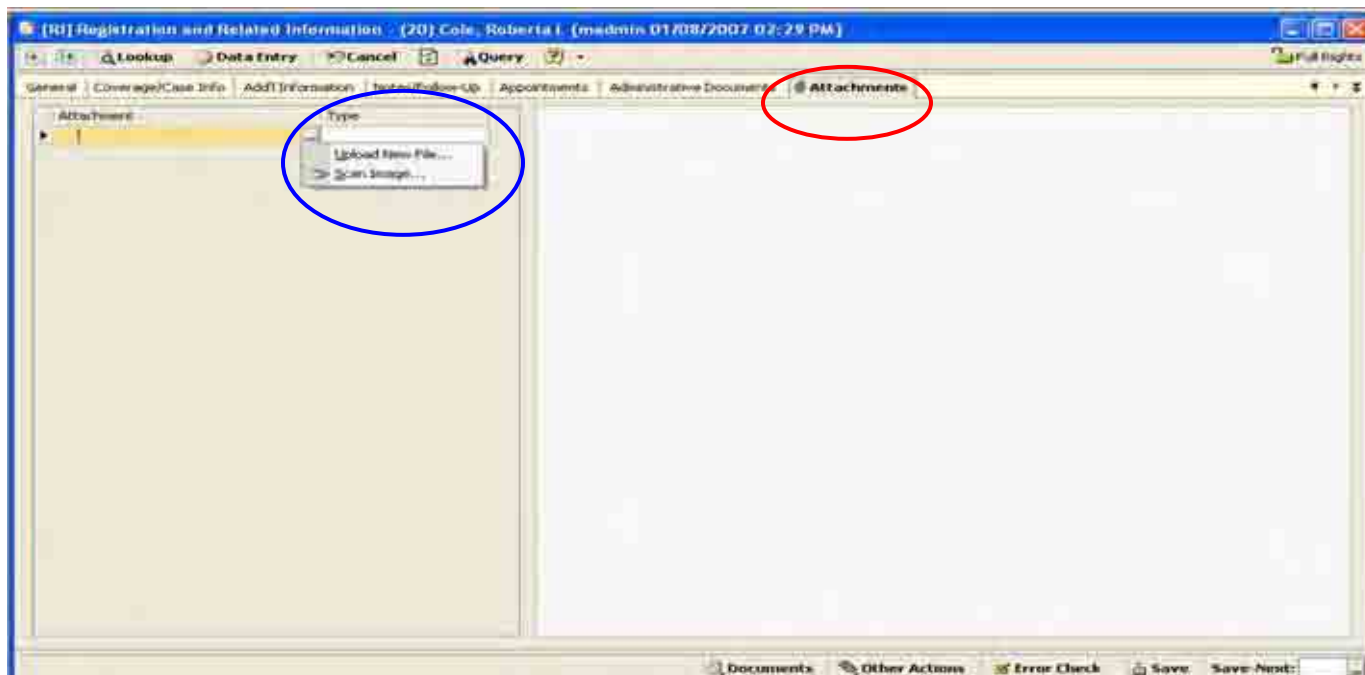
Date*	By	Contacted	Phone	Comment
10/04/2005	Stephanie	Mary Loo	948-6330	Spoke w/ Mary, claim is currently in process.
*				

- The notes will automatically be date stamped. You will need to enter who you spoke with and the status of the claim. Also enter any follow-up action that may have taken place.

ATTACHMENTS	RI
--------------------	-----------

The Attachments feature is used when you have physical documents (e.g. insurance cards) that need to be included with the patient's files. Together with your scanner, you can simply and easily scan your documents for inclusion in the patient's file.

Insurance cards or other ID



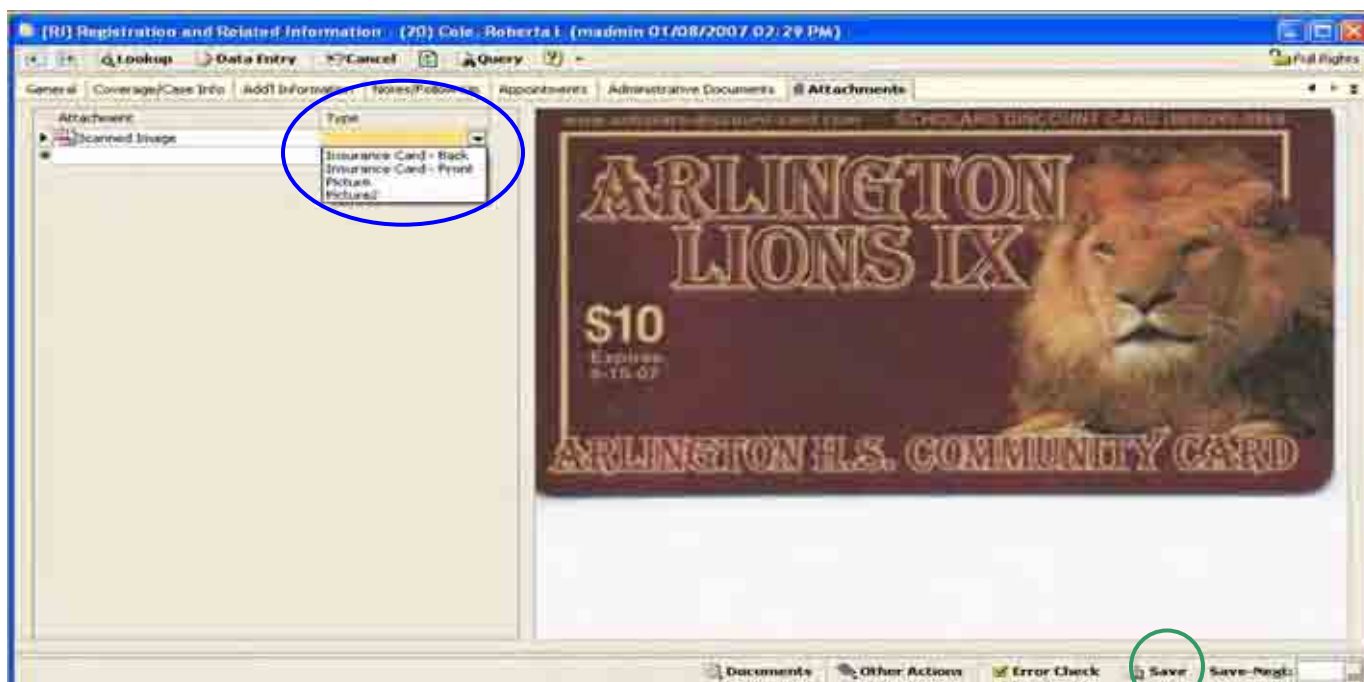
1. Lookup patient/responsible party/subscriber/insured
2. Click on **Attachments Tab**
3. Place front side of Insurance Card, Drivers License, or other document on scanner.
4. Single-click on Attachment; single click on the **ellipsis**
5. Click on **Scan Image**



6. Click **Preview**.



7. Click on **Scan**.

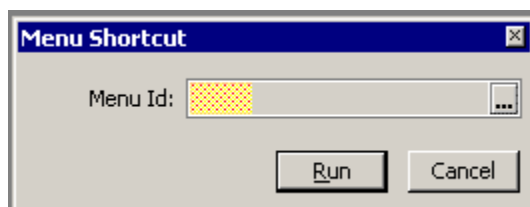


8. Select a **Type**, (e.g. Insurance Card – Back, Insurance Card – Front, Picture, Picture2)
9. Follow the same instructions for the back side of the Insurance card
10. Click **Save**.

Using Shortcuts	F12
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INCISIVE PM was designed to allow you to use shortcuts, which provide quick access to the various screens you will be utilizing. In the following pages, we have provided explanations of how and where the information is used. In some cases, you will find task based descriptions in this section.

When you strike the "F12" key, this action prompts INCISIVE PM to display the **Menu Shortcut** box:

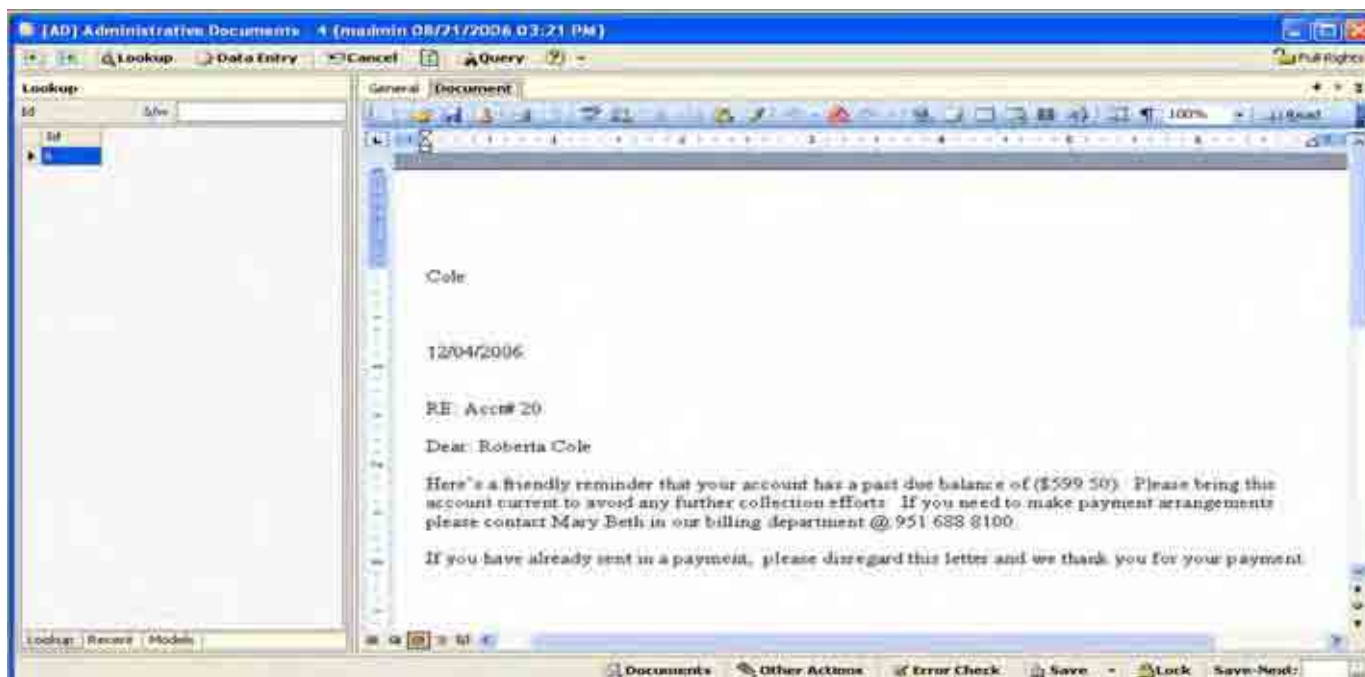


Type the **Menu ID** that you for the screen you would like (e.g. "DC" takes you to the *Diagnosis Codes* screen).

Strike "Run" or the <ENTER> key.

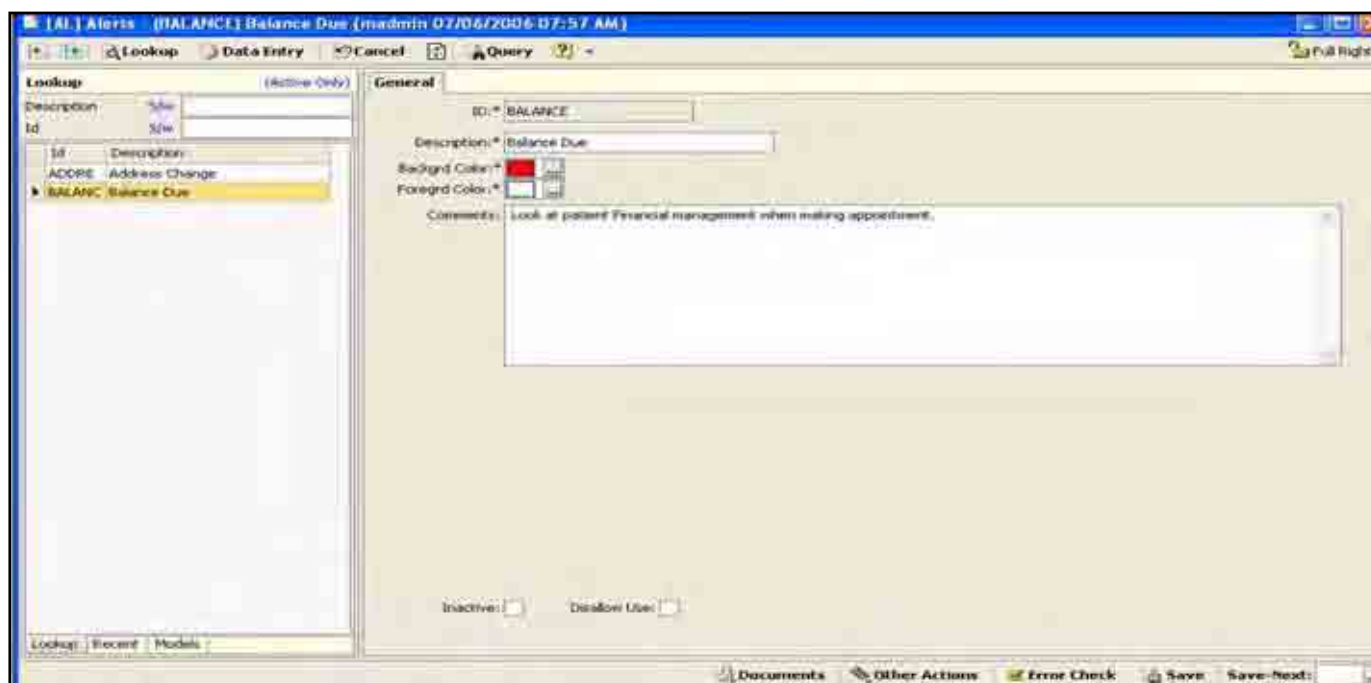
INCISIVE PM takes you to directly to the screen you requested.

(AD) Administrative Documents

**AD****Administrative Documents**

From this screen you can send collection letters, correspondence or any other type of letter that you want to keep track. Once the document has been set up in [DE] you can have the information needed on the document merged in automatically. Once completed the document would be saved in the administrative documents tab that is seen in the [RI], [AA] and [PA] screens.

(AL) Alerts

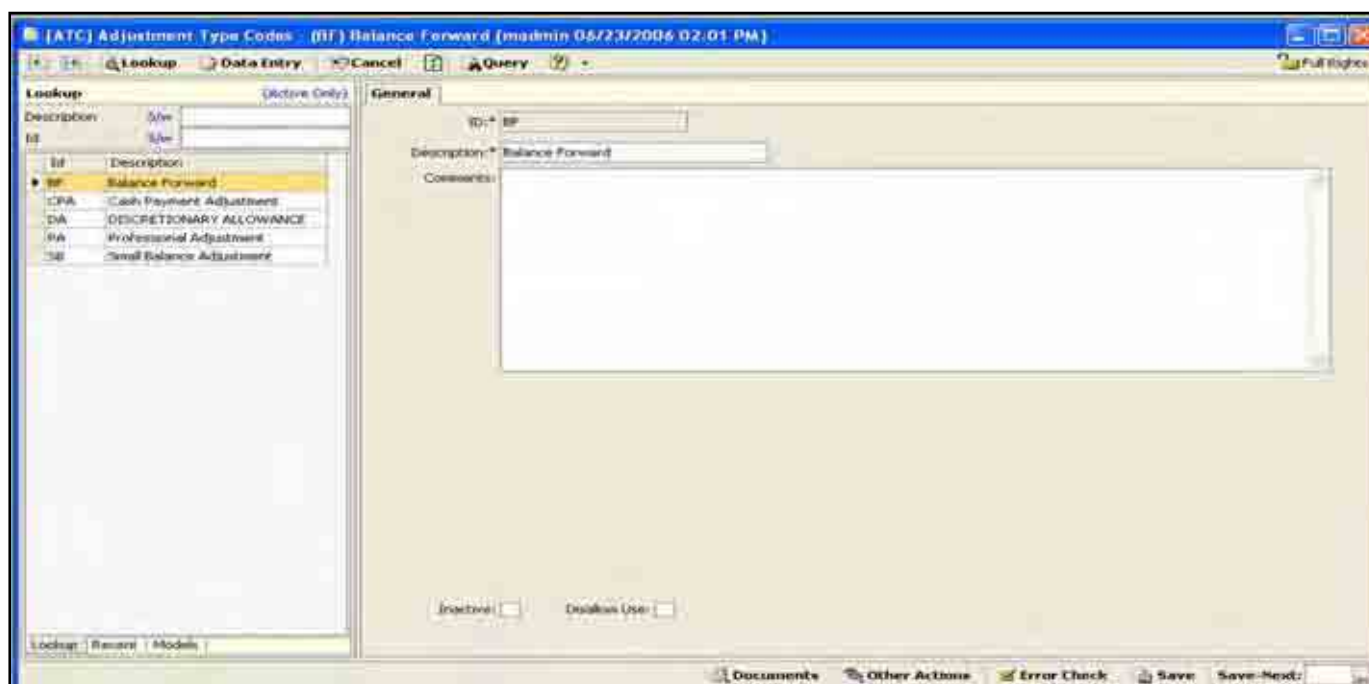


AL

Alerts

This is a user defined field which is used for internal purposes only and can be used by the billing, collections and the clinical side of the office. The information appears on several screens including: (RI) registration, (AE) appointment entry, (AA) account management, (PA) patient administration and (CI) clinical information. You can also view account alerts on the (ADS) appointment day sheets.

(ATC) Adjustment Type Codes**



ATC

Adjustment Type Codes**

Allows you to create different types of adjustments. NOT to be used for your insurance adjustments/contractual write-offs. This is a user defined code that is utilized in the payment entry screen. For example: if you have already received payments from both the insurance company and the responsible party, and you have a small balance remaining, you can create a small balance adjustment code. Enter the amount you want to write off in the adjustment amount column and select small balance adjustment as your adjustment type.

(CC) Claim Categories

ID	Description
BC	Blue Cross
C	Champus
CV	Champusva
F	FEDCA Black Lung
G	Group Health Plan
HD	Medicaid
CHC	Medicaid-Commercial
MC	Medicare
MS	Medicaid
O	Other
WC	Worker's Compensation

General

ID: BC

Description: Blue Cross

Comments:

Inactive: ☐ Disallow Use: ☐

Locking: Records: Models: Documents Other Actions Error Check Save Save Next

CC

Claim Categories

This information is generally used to determine which box is checked off in Box 1 of the CMS-1500. It is also used to determine "claim type" on electronic claims. This information is entered in the Claim Type Screen (CCT) for the insurance company.

(CCC) Charge Classification Codes**

The screenshot shows a software window titled "(CCC) Charge Classification Codes - (BF) Balance Forward (madmin 05/04/2006 09:17 AM)". The window has a menu bar with "Lookup", "Data Entry", "Cancel", and "Query". On the left, there is a "Lookup" pane with a list of codes and descriptions. The "General" pane on the right shows the "ID" as "BF" and the "Description" as "Balance Forward". There is a large text area for "Comments". At the bottom, there are buttons for "Document", "Other Actions", "Error Check", "Save", and "Save Next".

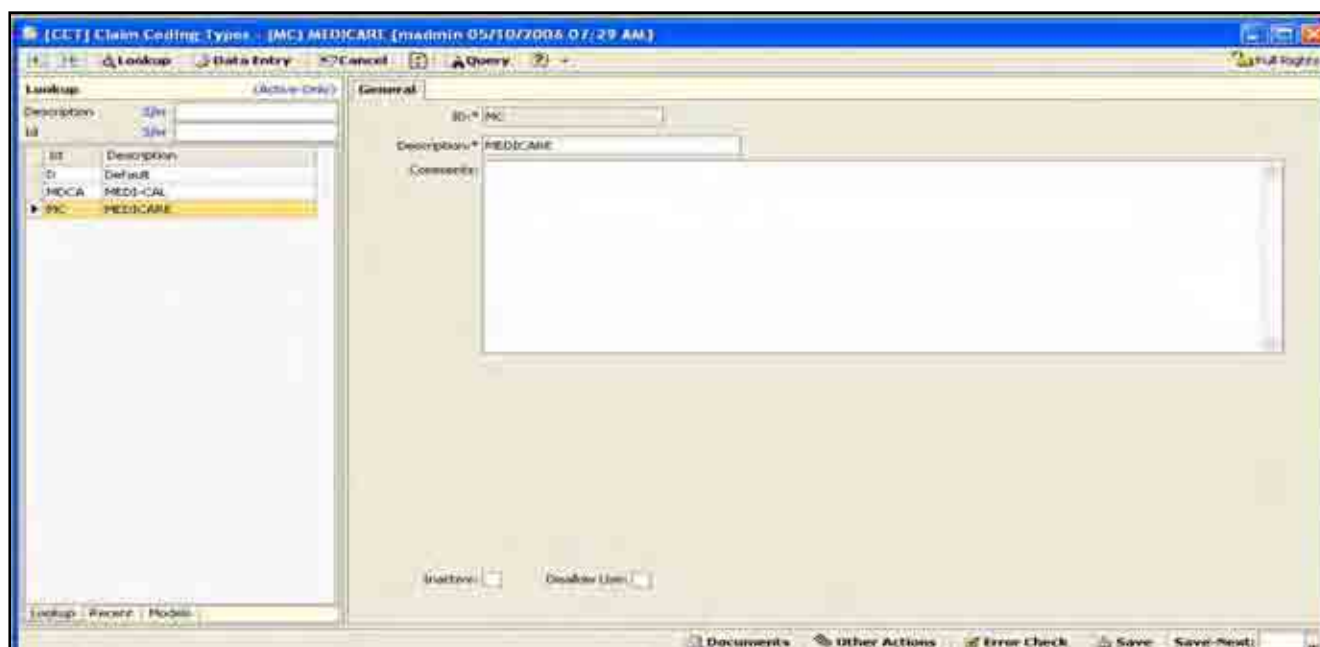
ID	Description
BF	Balance Forward
DM	Debit Memo
D	Doctor Billings
H	Hospital Charges
L	Lab Charges
PT	Physical Therapy
RC	Radiology Charges
NSF	Returned Check Fees

CCC

Charge Classification Codes table maintenance**

This is a user defined code used to specify the type of service performed, such as doctor billings, hospital charges, radiology, laboratory charges, balance forwards, NSF's or Debit Memos. The description of these codes is also separated by classification on some reports.

(CCT) Claim Coding Types



CCT

Claim Coding Types

This tells the system what information to put on the claim. When used in the (PC) screen, it defines what CPT code to use or if the claim needs a TOS. At a minimum, most providers create "D" for default and MC for Medicare in the Claim Coding schedules. Example: you may use CPT code 36415 for your default, but Medicare wants G0001 on their claims. This means that you would enter G0001 under the procedure code for the claim coding type Medicare. In the (IC) screen, it also dictates what to put on the various claims. It pulls the information from the (DR) screen, Example: Insurance #1 wants the Dr's tax id and group number, but Insurance #2 wants the Dr's provider number and UPIN # printed in box 33.

(CD) Clinical Documents

CD

Clinical Documents

From this screen you have the ability to do medical transcription. Once completed the document would be saved in the [CI] Clinical Information screen under the clinical documents tab. Templates could also be set up in the [DE] if needed.

(CHL) Chart Location

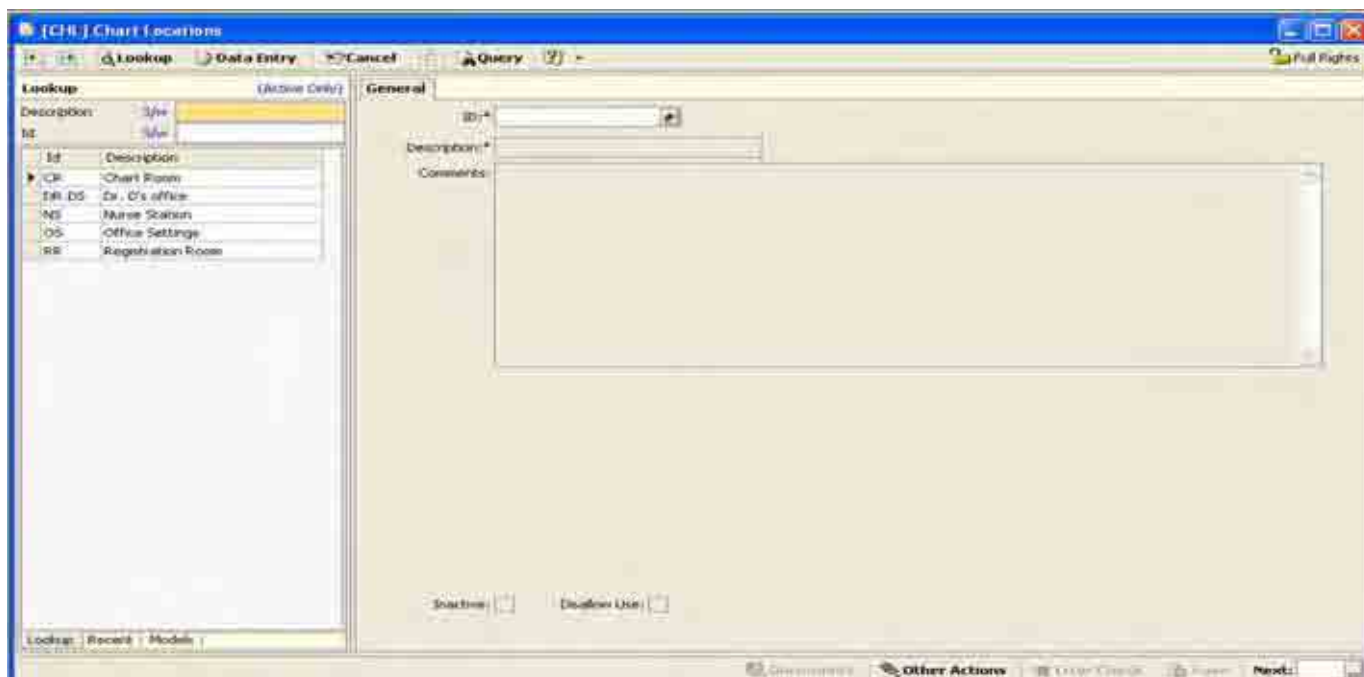
**CHL****Chart Locations**

Chart Locations allows a practice to track where a patient's physical chart is located. (e.g. Chart Room, Dr's Office, Registration Desk, Nurse Station, etc. from within the Appointment Scheduler.)

(CNT) Contacts

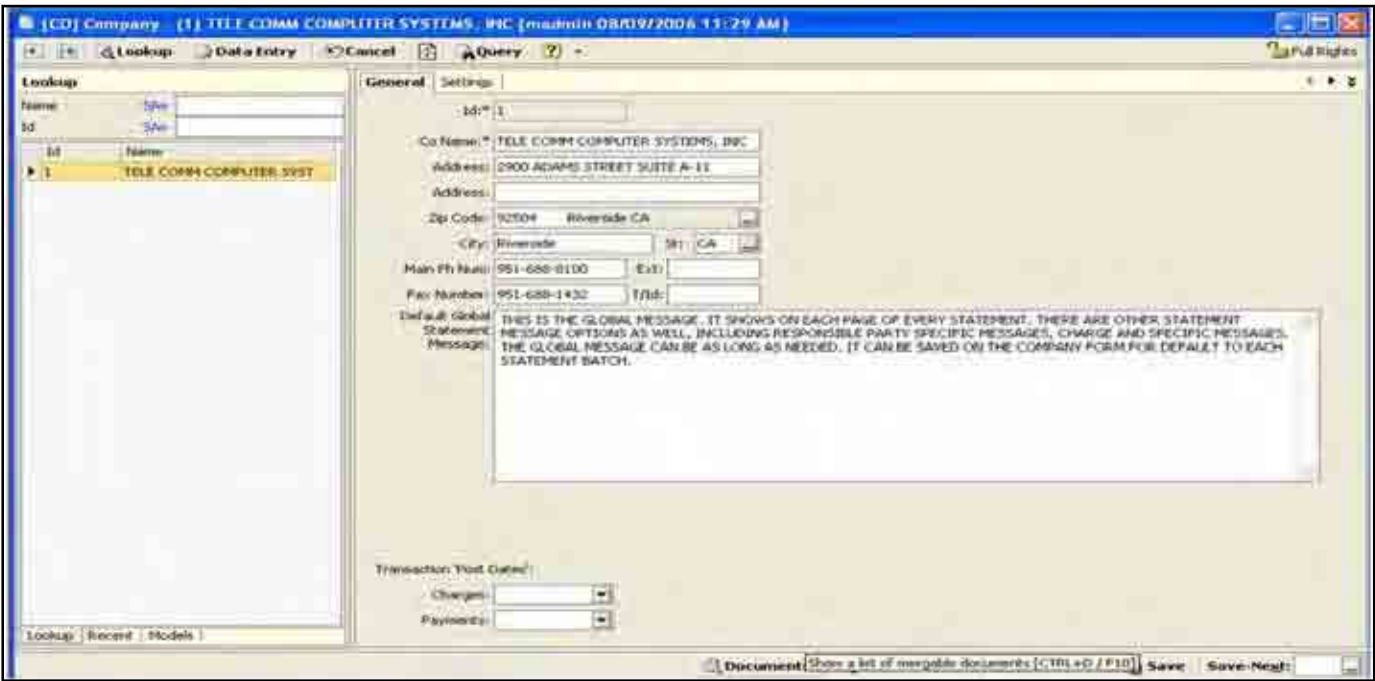
The screenshot shows a software window titled "[CNT] Contacts - (NISC) - JERRY (admin 07/17/2006 12:05 PM)". The window has a menu bar with "Lookup", "Data Entry", "Cancel", "Query", and "Full Rights". On the left, there is a "lookup" section with "Active Only" and a table with columns "Id" and "Company Name". The table contains one entry: "NISC" and "NORTHERN & SOUTHERN MEDICAL". The main area is a "General" tab with the following fields: "Name" (split into "First" and "Last" with "JERRY" and "MI" respectively), "Address", "Zip Code", "City", "State", "Phone Number" (split into "Ph Number" and "Ext" with "213-593-6053" and an empty "Ext" field), "Fax", "Cell", "E-mail", "Website", and "Comments". At the bottom, there are checkboxes for "Inactive" (checked) and "Default User" (unchecked). A status bar at the very bottom contains buttons for "Documents", "Other Actions", "Error Check", "Save", and "Save Next".

CNT

Contacts

This is our version of an "electronic address book" you can store you phone numbers and addresses of frequently used contacts. Ex: your medical supply co, restaurants, employees, facilities, etc.

(CO) Company**



CO	<div data-bbox="300 1108 909 1207">Company Table maintenance** <i>General Tab</i></div> <div data-bbox="300 1228 1477 1323"><p>The clinic name appears on the blue title bar and on the heading of reports. The CO screen also displays the most current posted date for charges and payments. If you decide to go back and add transactions for prior dates, you can change the date here and run edit/post again to close.</p></div> <div data-bbox="300 1344 1388 1417"><p>This is also where the default statement message is managed for your statements. (see the statement processing section for more information.)</p></div> <div data-bbox="300 1438 1023 1470"><p>Please complete the following for each practice or database:</p></div> <div data-bbox="300 1470 1477 1680"><p>Co Name: Name of the doctor or group Address: Address of the doctor or group Zip Code: Zip code of the doctor or group City, State: City and State of doctor or group Main Phone Number and extension: Main phone number and extension of the doctor or group Fax Number: Fax number of the doctor or group T/Id: Tax ID</p></div> <div data-bbox="300 1680 1477 1732"><p>Default Global Statement Message: This is where the default statement message is managed for your statements.</p></div> <div data-bbox="300 1732 1477 1774"><p>Transaction "Post Dates": This displays the most current posted date for charges and payments.</p></div> <div data-bbox="300 1795 1477 1858"><p><i>Note: If you have made a posting error and need to correct it, you must either make adjusting entries or contact your support personnel to un-post the charge or payment for you.</i></p></div>
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[CO] Company [1] TELE COMM COMPUTER SYSTEMS, INC (modified 08/09/2006 11:29 AM)

Lookup Data Entry Cancel Query Full Rights

Lookup

Name: S/A:

Id: S/A:

TELE COMM COMPUTER SYST

General Settings

EXCESS TAGS

Enable Feature: ☐

Default Rate (%):

Tax Rpt Proc Cde:

DISCRETIONARY ALLOWANCE

Enable Feature: ☒

Payment - Classification: DA DISCRETIONARY ALLO

Sim Message: DA DISCRETIONARY ALLO

Artistic Type: DA DISCRETIONARY ALLO

OTHER SETTINGS:

Claim Error Check At Charge: ☐

Close Recall Reminder Range - Days Past: 15

Days Future: 15

Ins Payment Waiting Period: 90

Deposit Future Dis Max Days: 3

Charge/Encounter Link Handling:

Charge Entry Procedure Classification Alerts:

P/C Classification	Validation*	Alert Type*	Claim Processing Format	Insurance Company
3	No Referring Provider	Warning	MC	MC
*				

Logout | Recent | Models

Documents | Other Actions | Error Check | Save | Save Next

CO	Company Table Maintenance** <i>Settings Tab</i>
	Enable tax setting: This is utilized by another region and is for taxing medical services.
	Claim error check at charge: This checks each charge entered at the time of entry to confirm there are no errors. This is the same as doing a "proof" in the (CP) claims processing screen.
	Insurance payment waiting period: The number of days since the original filing date to wait for the insurance to pay before forcing the balance to the responsible party.
	Deposit Future date: max days are the maximum number of calendar days the "deposit date" can be set into the future based on the current date. The allowable range is 0-7 days.
	Close recall reminder: If you have set a recall for the patient, this is where you determine the number of days past and number of days future for the system to alert you. (e.g. If you have a recall set on a patient, and the recall is within your date range, the system alerts you when making an appointment, so you can close the recall.)
	Discretionary Allowance (DA): Used to allow for the auto discounting of R/P balances. In order to utilize this tool, it must first be activated in this screen. Once activated, an additional field on the (RI) screen called D/A% appears; you need to enter the percentage amount for the "courtesy adjustment". The amount entered must be a whole number, not to exceed 100.
	This only applies when setting up the DA. When setting up the classification, statement message and adjustment type defaults, we suggest that you select a unique code for your automatic allowances. This is so they can be differentiated from your manually entered adjustments.

(CPC) Claim Processing Center**

CPC	Claim Processing Center**
	This table dictates which claim processing center to use when submitting electronic claims. Below are the required fields that require data.
	Sender – ID: Provider, Group or Facility Tax ID
	Password: Leave Blank
	Receiver – ID: Leave Blank
	Password: Leave Blank
	Submitter Name: Provider, Group or Facility Name
	Sub Contact Name: Provider or person doing the submission of the claims
	Sub Ph Number: Provider Telephone Number
	Save: When all required fields are complete

(CPR) Claim Processing Rules

[CPR] Claim Processing Rules - (CH) Champus

Menu: **Lookup** **Data Entry** **Cancel** **Query** **Full Rights**

Lookup (Active Only)

Id	Description
CH	Champus
C	Commercial
OWCP	Federal Office of Workers Comp F
MDCA	Medicaid - California
MC	Medicare
WCTX	Workers Compensation - Texas

General

ID: CH

Description: Champus

Comments:

Inactive: ☐ Disallow Use: ☐

Status Bar: **Documents** **Other Actions** **Error Check** **Save** **Save-Next:**

CPR

Claim Processing Rules

This is a view only screen that is maintained by INCISIVE PM. It contains the various claim formatting options for the different types of companies listed.

(CT) Claim Types

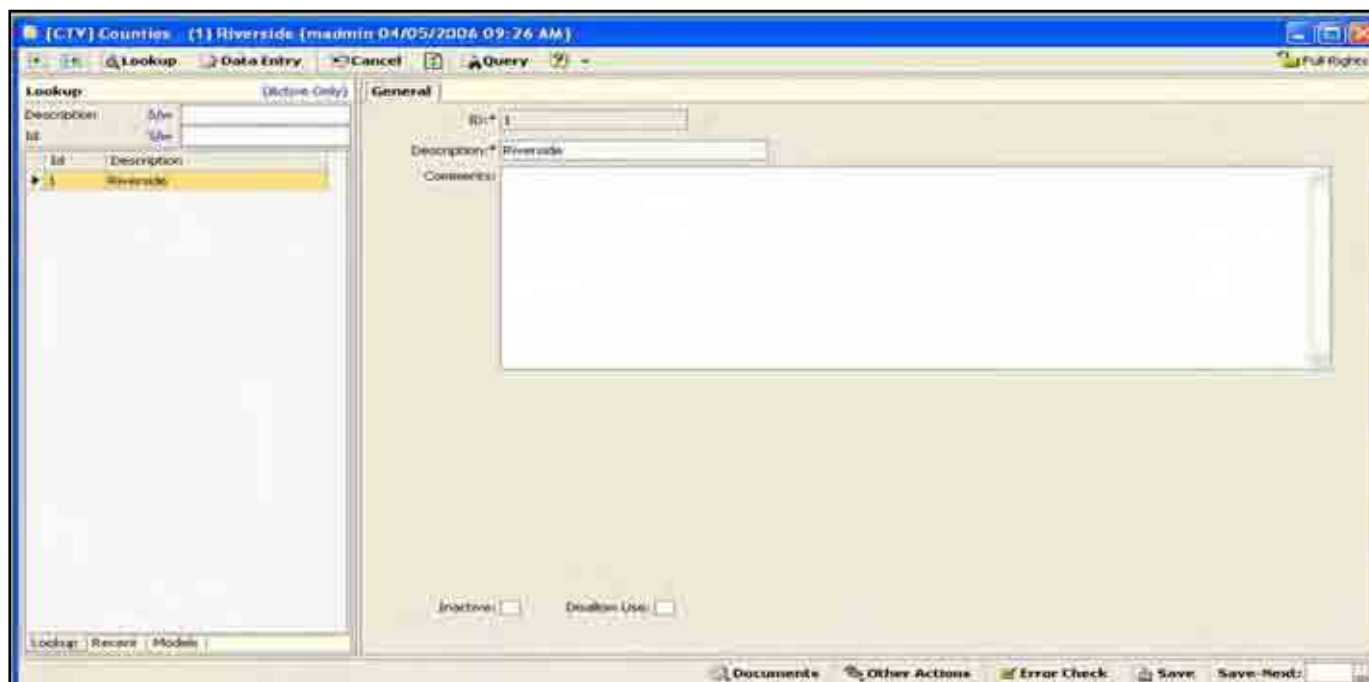
The screenshot shows a software window titled "[CT] Claim Types - [CO] Commercial (modified 05/25/2006 10:38 AM)". The window has a menu bar with "Lookup", "Data Entry", "Cancel", and "Query". The "Lookup" tab is active on the left, showing a list of claim types with columns for ID, Description, and Type. The "General" tab is active on the right, showing fields for ID, Description, Processing Rule, Category, and Comments. The "ID" field is set to "CO", "Description" is "Commercial", "Processing Rule" is "C", and "Category" is "Other". There are also checkboxes for "Inactive" and "Disallow User".

CT

Claim Types

Information in this screen determines the processing format of the claim. The claim type is used in the insurance company screen. Some of the most common types are Medicare, Medicaid, commercial (group & other), BC/BS, Workers Comp and Federal Workers Comp and Default.

(CTY) Counties

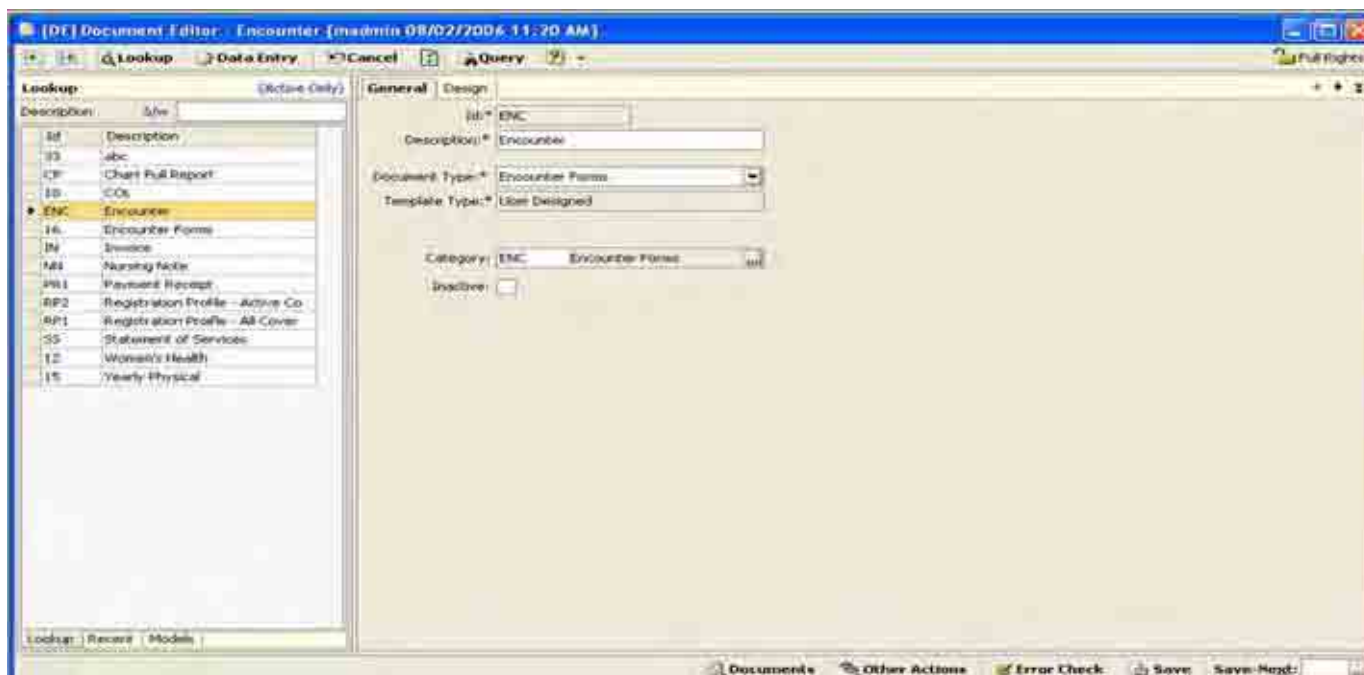
**CTY****Counties**

This screen has been set up using the standard US Census Bureau counties list.

(DC) Diagnosis Codes**

DC	Diagnosis Codes Table Maintenance** <p>This screen allows you to add or modify diagnosis codes (ICD-9). Within the diagnosis code setup you can also limit age and gender as appropriate. You also have the ability to mark the code as "non-specific; this alerts the user, during charge entry, that a more specific code is required. These codes may also be marked "inactive" or "disallow use" if they change the next year or become invalid.</p> <p>Default diagnosis can also be set up thru the case coverage tab in the RI screen, automatically appearing on the charge entry screen. It is the user's responsibility to keep up to date with all diagnosis codes.</p>
	ID: Diagnosis Code
	Description: Description of diagnosis code. ICD-9 code descriptions are limited to 51 characters.
	Description Long: Extended description of diagnosis code. ICD-9 "Long" descriptions may use up to 251 characters.
	Age - From - To: Ability to enter an age limit for specific diagnosis codes
	Gender: Ability to be gender specific for diagnosis codes
	Not Specific:
	Comments: For Internal Use, does not populate data on electronic or paper claims.
	Inactive or Disallow Use: Ability to make a diagnosis code inactive and disallow use.

(DE) Document Editor



DE

Document Editor

Document templates are created and stored here. After creating the document in Word, you import it into the system, where you can then populate it with the fields you want to show. For example, if you want Patient Name to print on the encounter form, you would need to put the patient's name in the merge field where the name should print. The **Description** list (left column of the screen) includes examples of other documents that could be set up in the [DE] (e.g. encounter forms, return to work/school forms, prescriptions, pre and post operative instructions, patient phone calls, nurses notes, medical records request, etc.)

(DR) Providers**

[DR] Providers - (1) DUNLOP, DON MD [madmin 05/24/2007 08:03 AM]

Full Rights

General | Claim Coding Overrides | Schedules | Schedule Exceptions | Provider/Facility Claim Coding Schedules | Sender Identifiers (Trading Partner Ids)

Id: 1

Name - Last: DUNLOP | First: DON | MI: | Address: 2900 ADAMS STREET | Suite: SUITE A 11 | Zip Code: 92504 | City: RIVERSIDE CA | St: CA | Ph Number: 951-688-8100 | Ext: | Cell Phone: | Email: danni@telecomcomputersystems.com

Prof Lic Type: MD | Lic Num: A26021 | Social Security: | Tax Id: 77-0425723 | UPIN: A57762 | Nat'l P/Id: 1457332884 | Payee: 1 | DON DUNLOP MD | Specialty: FP | Family Practice | Taxonomy Cde: 207Q00000X | Family Practice | Provider Group: 1 | HEMET MEDICAL GROU | Appt Provider: ☒ | Non-person Entity: ☐

Claim Coding Schedules:

Claim Coding Type	Prov Num	Provider Number Qualifier	Group Num	Group Number Qualifier	Grp NPI	Credentials	P/Agmt	A/Assign	SOF
D - DEFAULT	770425723	G2 - Provider Commercial Number				A26021	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MC - MEDICARE	00A260211	1C - Medicare Provider Number	ZZ2987822	1C - Medicare Provider Number	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MCAL - MEDICAL	00A260210	1D - Medicaid Provider Number				00A260210	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TRICHP - TRIWEST/CHAMPUS	770425723	1H - CHAMPUS Identification Number					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WC - WORKERS COMP	00A260211	1G - Provider UPIN Number					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comment:

Inactive: ☐ | Disallow Use: ☐

Documents | Other Actions | Error Check | Save | Save-Next:

DR

Providers**

The DR screen enables users to enter practice identification data for each Physician, Physicians Assistant, and Nurse Practitioner in your practice. This includes practice identification numbers for each claim coding type including: Medicare, Medicaid, BC/BS, Worker's Compensation, etc. Include the NPI number and qualifiers for each provider number. This screen is also used to setup the Provider's appointment schedule and schedule exceptions (holidays, vacations, etc).

Name - Last: Last name of provider

First: First name of provider

Address, City, St, Zip: Address information of provider

Phone Number, Cell Phone and Email: Information of provider

Prof Lic Type (Professional License Type): e.g. DO, MD, NP or PA

Lic Num: State license number of provider

Social Security: Social Security number of provider

Tax Id: Tax Id of provider

UPIN: UPIN number of provider

Nat'l P/Id (National Provider Number): NPI number of provider

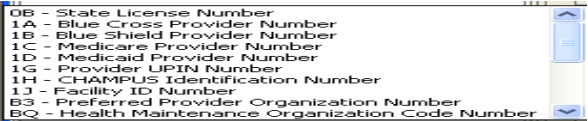
Payee: Click on ellipsis to choose from the Payee Table

Specialty: Click on the ellipsis to choose from the Specialty Table

Taxonomy Code: Enter the CORRECT taxonomy code for provider

Provider Group: Attach to a group if applicable.

Appt Provider: Check box if appointment will be scheduled for provider

	<p>Non-person Entity: Not implemented, leave blank</p> <p>Claim Coding Schedule Grid Box</p> <p>Claim Coding Type: Click on the ellipsis to choose from the Claim Coding Type Table, e.g. Default, Medicare, Medi-Cal, Workers Comp, etc.</p> <p>Prov Num: Enter the provider number for the specific Claim Coding Type.</p> <p>Provider Number Qualifier: Click on the down arrow to choose from the following drop down menu.</p>  <p>Group Num: Enter the group number for the individual Claim Coding Type, if applicable.</p> <p>Group Number Qualifier: Click on the down arrow to choose from the above drop down menu.</p> <p>GRP NPI: Check box when provider belongs to a group with an NPI number for the individual Claim Coding Type, e.g. you are a group with Medicare but not with any other insurance company. If you have a group NPI but no group legacy ID, you will need to fill in the Provider Group Number (Grp #) field with the Provider Number (PIN #).</p> <p>Credentials: Enter the provider credentials.</p> <p>P/Agmt (Participating Agreement): Check this box if the provider is participating for the individual Claim Coding Type.</p> <p>A/Assign (Accept Assignment): Check this box if the provider has signed a contract with the individual Claim Coding Type to accept assignment of payment.</p> <p>SOF: Signature on File, check this box if the provider has a signature on file with the payer.</p> <p>Comments: For Internal Use, does not populate data on electronic or paper claims</p> <p>Inactive: Check box if the provider is inactive.</p> <p>Disallow Use: Check box to disallow use of the provider.</p>
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(DSC) Disability Status Code

DSC**Disability Status Code**

This screen allows you to add the disability status code of a Worker's Comp patient.

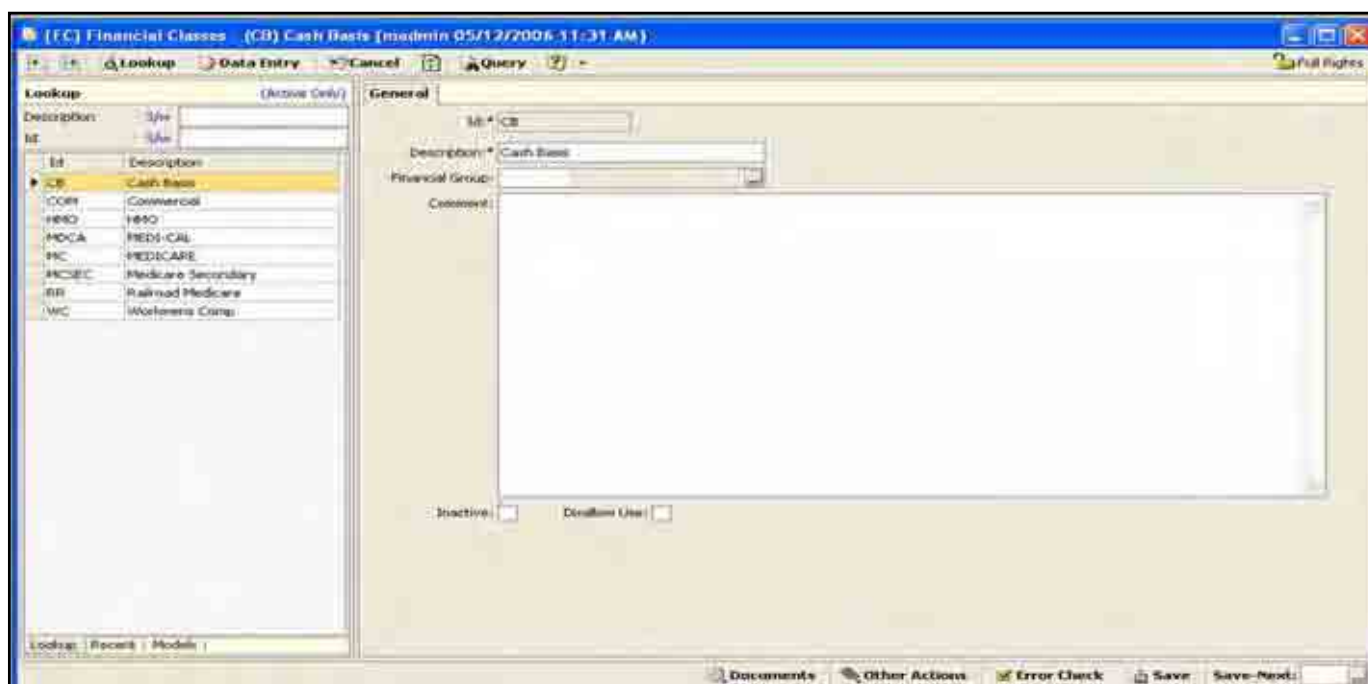
(EM) Employers

EM

Employers

This screen allows you to set up an employer information file. Once it is set up in the database, the information is available for you the next time you are working in the system. This is especially helpful when you have several patients from one employer.

(FC) Financial Classes**



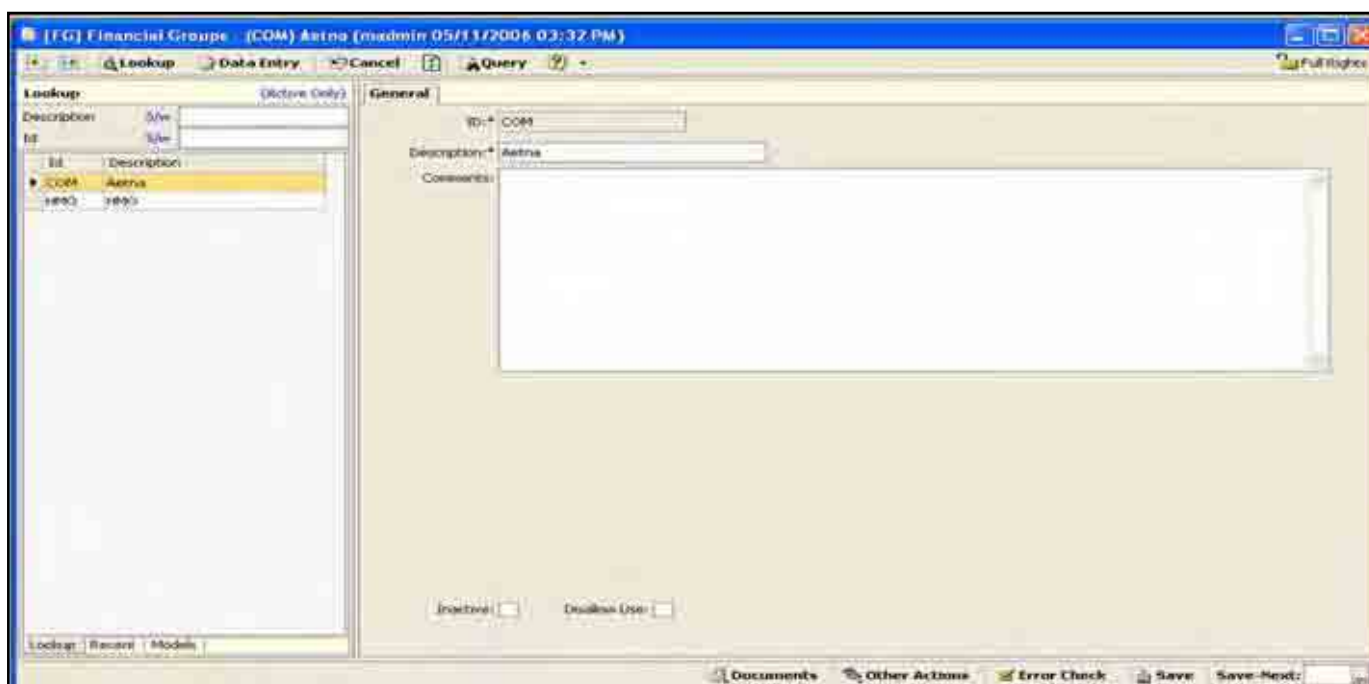
FC

Financial Class Table Maintenance**

This is referenced when in the RI - Registration and Related Information screen.

The financial class set up allows you to separate the financial responsibility type such as private pay, Medicare, Medicaid, HMO, PPO, Commercial, Cash Basis or Worker's comp for internal reporting purposes.

(FG) Financial Groups

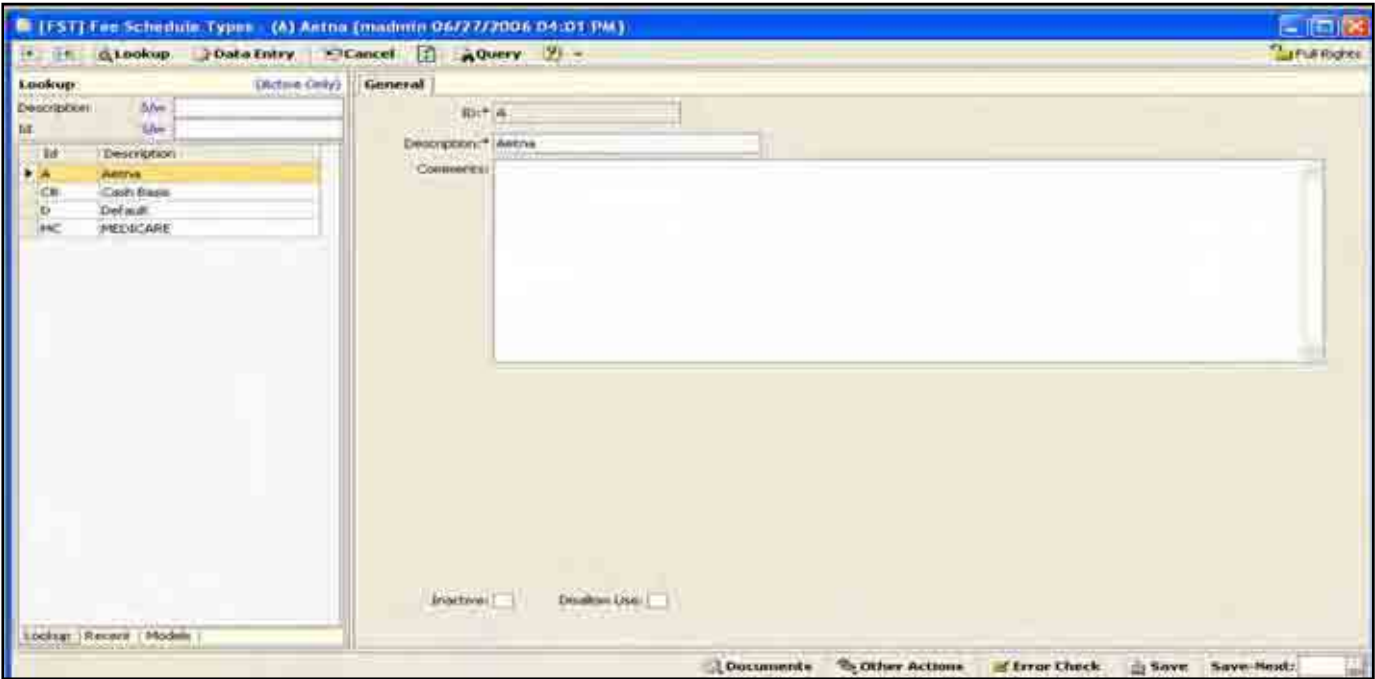


FG

Financial Group Table Maintenance

This allows you to group the financial classes together.

(FST) Fee Schedule Types**



FST	<p><u>Fee Schedules Types**</u></p> <p>This screen allows you to set up different fee rates for each claim coding type. Set up D for default as your regular fee schedule; Medicare, Worker’s Comp and other insurance companies may require their own fee schedules. Fee schedules are used in the insurance company screen and on the individual procedure codes.</p>
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(FT) Facility Types**

FT

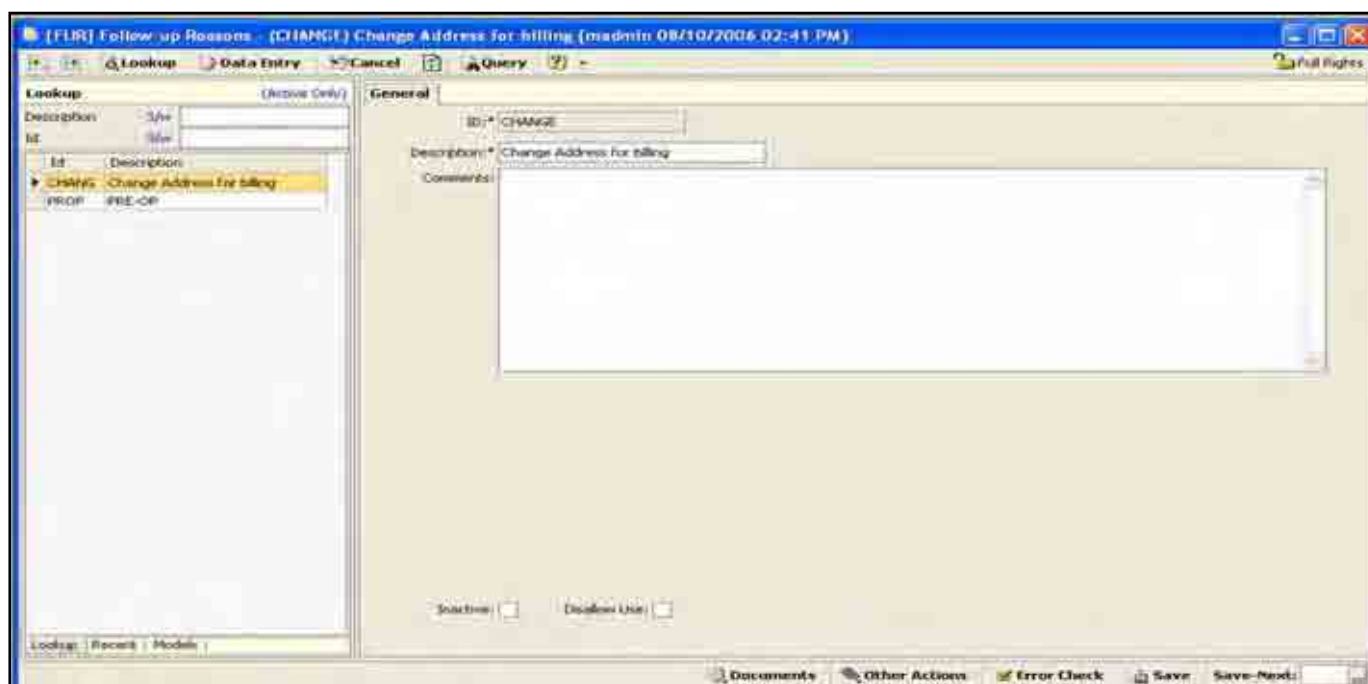
Facility Type Table Maintenance**

This is where you classify the place of service for the facility. For example your ID could be H for hospital, the description would then be hospital and your place of services would be 21 - IP Hospital, 22 - OP Hospital and 23 - ER.

If your hospitals have different NPI numbers for each area of the hospital, you will need to set up a facility for each one (e.g. Providence Hospital inpatient and Providence Hospital outpatient). This is only needed if there are separate NPI numbers within one location.

Overrides - You also have the ability to override. Example say the insurance wants you to start using something different for this place of service on June 1, 2006.

(FUR) Follow-up Reasons

**FUR****Follow-up Reasons**

This is a user defined table and is used to indicate the reason a follow-up is necessary.

(FY) Facilities**

[FY] Facilities - (3) LOMA LINDA HOSPITAL [madmin 03/12/2007 01:28 PM]

General Coding Schedule Override

Id: 3

Facility Name: LOMA LINDA HOSPITAL Facility Type: H Hospital

Address: Address: Nat'l P/Id: 999999999

Address: Social Security: Tax Id: 33-2655555

Zip Code: 99999 ANYCITY CA Mammograph Cert:

City: ANYCITY St: CA Email:

Main Ph Num: Ext: Website:

Fax Num: Appt Location:

Claim Coding Type	HCFA ID Code	Secdry ID	Secondary Number Type
MC	MEDICARE	NO LONGER	Z2T30300D
*			Location Number

Comments:

Inactive: ☐ Disallow Use: ☐

Documents Other Actions Error Check Save Save-Next

FY **Facilities Table Maintenance****

This is where you set up each facility that the doctor performs services such as offices, hospitals or other locations. This information is utilized by the appointment scheduler and also printed in box 32 of the CMS-1500. In order to have the facility show on the appointment scheduler, the "appt location" check box must be checked.

Nat'l P/ID: Enter your Facility NPI Number here

Tax ID: Enter your Primary Legacy Number here

Entries in the **Claim Coding Schedules** grid override the Tax Id value based on the **Claim Coding Type**. The override value and id qualifier is taken from the corresponding **Secdry Id** and **Secondary Number Type** columns. The HCFA Id Code column, while it continues to be visible, is for reference purposes only and is no longer utilized by any claim processing.

Claim Coding Type: Co-Pay, Default, Medi-Cal, Medicare, Workers Comp

HCFA ID Code: No Longer Used

Secdry ID: The specific number for facility prints in box 32b of a claim form

Secondary Number Type: From the drop down menu select the type of number you have entered in the Secdry ID field.

(IC) Insurance Companies**

IC

Insurance Companies Table Maintenance**

The IC screen is used to set up or modify the insurance company's information, name, address, phone number, claims processing center, control ID and other related information. It is also used for specifying which paper form to use and to record the NPI or legacy numbers for specific carriers. When using paper forms, Processing center and the payer id are not required.

To print claims that are transmitted to THIN, the control ID should be **Print** instead of **Paper**.

ID: A numeric or alphabetic character, to be determined by office

Co Name: Insurance Name

Address, Zip Code, City, State: Address information of insurance company

Main Phone Number: Telephone number of insurance company

Verif Phone Number:

Fax Number: Fax number of insurance company

Email: Email address of insurance company

Website: Website of insurance company

Insurance Group:

Def't Pymt Class (Default Payment Class): Payment Type, e.g. if Aetna is the insurance company the Aetna payment would be the Default Payment Class.

Remit Pymt Class (Remit Payment Class): Remittance Type, e.g. if Aetna is the insurance company the Aetna payment would be the Remit Payment Class.

Processing Center: Leave blank when sending on paper claims to the insurance company.

Medigap Code: Medigap number for insurance. Medigap numbers can be obtained from www.nhicmedicare.com

Nat'l Payer Id: Not implemented, leave blank
Paper – Clm Form: Choice between the old CMS 1500 and the new CMS 1500 form
NPI St (Paper NPI Status): Choice between No Supported, Legacy Number & NPI, or NPI Only. Per CMS guidelines, submissions should contain both legacy number and NPI until further notice.
Elect NPI Status: Choice between Not Supported, Legacy number & NPI, or NPI only. Per CMS guidelines, submissions should contain both legacy number and NPI until further notice.
Payer Ids Grid Box: Processing Center: NHS or OAX Submission Id: Payer id from Processing Center published payer list. Remittance Id: The number 1 and tax id from the payer, e.g. 19505876717
Payment Only: Leave box blank. Indicates that this insurance company is to be used only for the entry of payments.
Claim Type Schedules Grid Box: Claim Type: If the Insurance Company has not assigned PIN/GRP numbers you will want to use the default ("D") which should use the Tax ID as the provider number, e.g. Aetna insurance falls under your Default. If insurance is Medicare, Medi-Cal or Worker Comp, choose the appropriate Claim Type. Fee Schedule Type: Choose the appropriate Fee Schedule, e.g. Cash Basis, Co-Pay, Default, Medicare, Medi-Cal, etc. Claim Coding Type: Choose the appropriate Claim Coding Type, e.g. Co-Pay, Default, Medicare, Medi-Cal, etc. P/Clm (Process Claims): Choice of Yes, No and Hold. Form (Claim Form): Choice of Electronic or Paper CMS 1500 NDC Req (National Drug Code Required):
Box 24K: Check box if Provider ID is required in box 24K(Old CMS 1500 Form) 24J(New CMS Form)
Times 24: Check box to show 24K(Old CMS 1500 Form) 24J(New CMS Form)
Write-Off Setting: Not implemented, leave blank
Comments: <i>Local Use</i> does not populate data on electronic or paper claims.
Inactive: Check box if the insurance company is now inactive.
Disallow Use: Check box to disallow use of insurance company.

(IG) Insurance Groups**

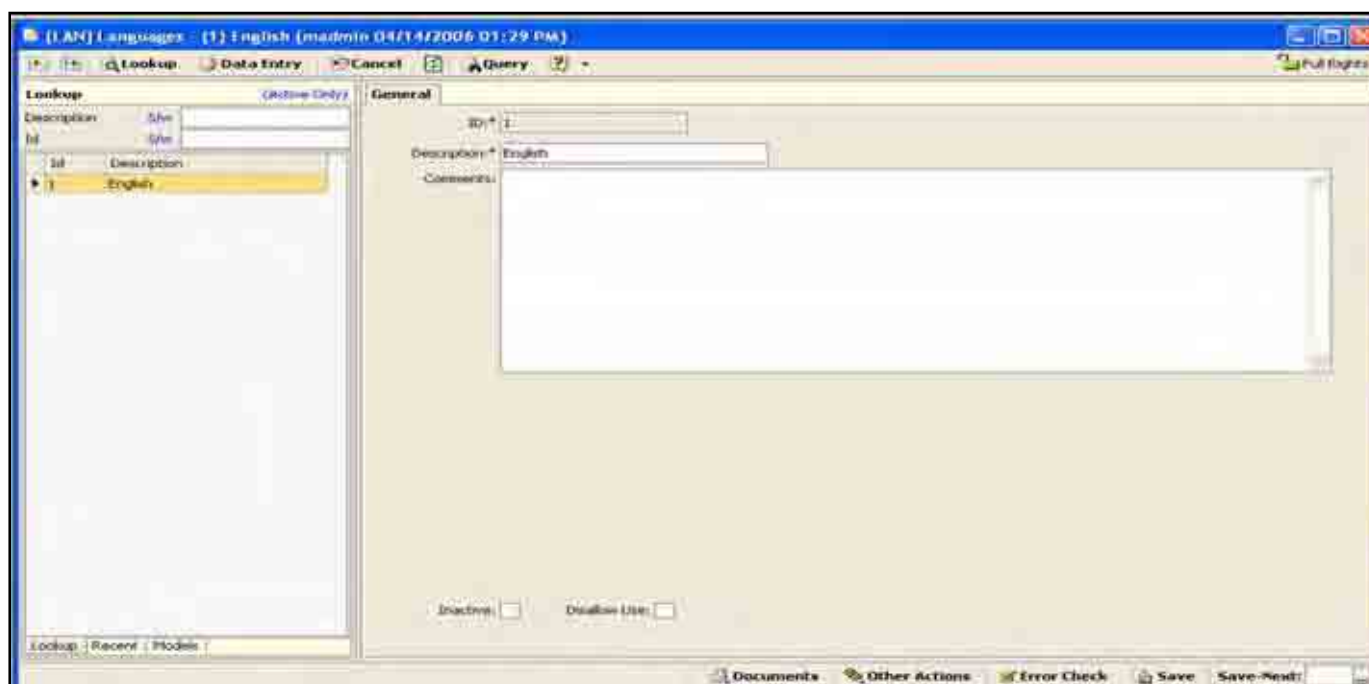
The screenshot shows the 'Insurance Groups' maintenance window. On the left, the 'Lookup' panel displays a table with columns 'Id' and 'Description'. The table contains two entries: 'A' for 'AETNA' and '4' for 'Blue Cross of CA'. The 'General' panel on the right allows editing the selected group's details, including 'Id' (set to 'A'), 'Description' (set to 'AETNA'), and a 'Comments' text area. At the bottom, there are checkboxes for 'Inactive' and 'Disallow Use'. The bottom toolbar includes buttons for 'Documents', 'Other Actions', 'Error Check', 'Save', and 'Save-Next'.

IG

Insurance Group Table Maintenance**

This screen allows you to group insurance companies together. For example: if you have several Aetna insurance companies, you can put them in the same group. It is helpful when running reports or doing various other tasks within the application, where a group can be entered as opposed to an individual insurance company. Also, in the payment screen you may post a payment to one of the companies within the group, regardless whether or not that is the billing insurance, and INCISIVE PM will not give you an insurance company mismatch error. The system automatically posts the payment to the appropriate insurance on the charge.

(LAN) Languages

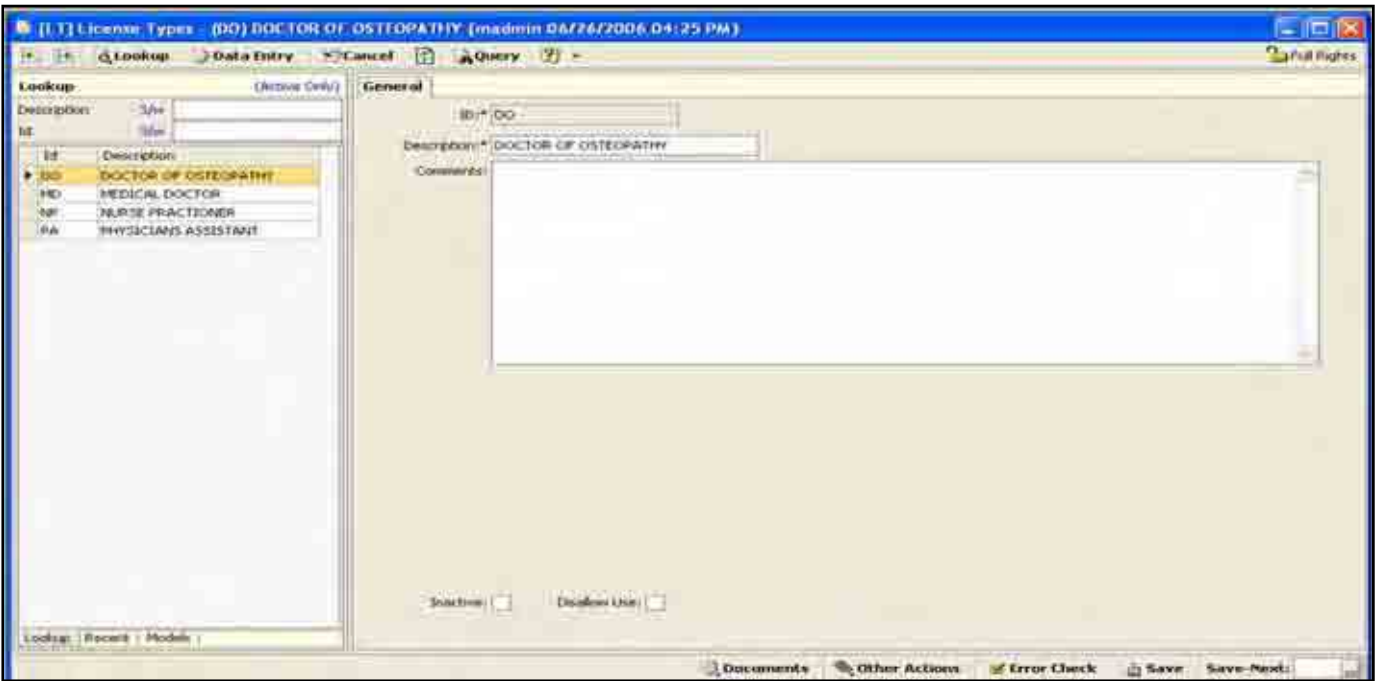


LAN

Languages

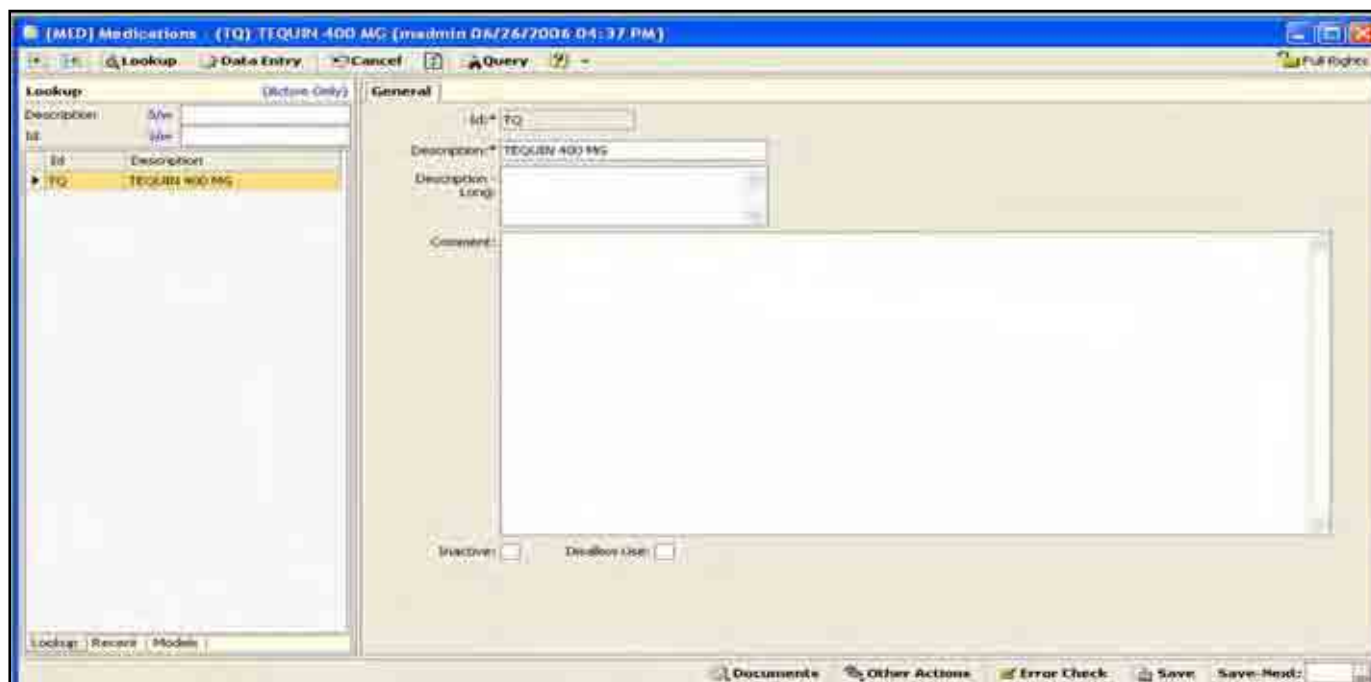
This screen has been set up using the ISO 639 language tables. When you pull up the patient in the [RI] screen, you can identify which language he/she speaks using the information that has been pre-populated here.

(LT) License Types**



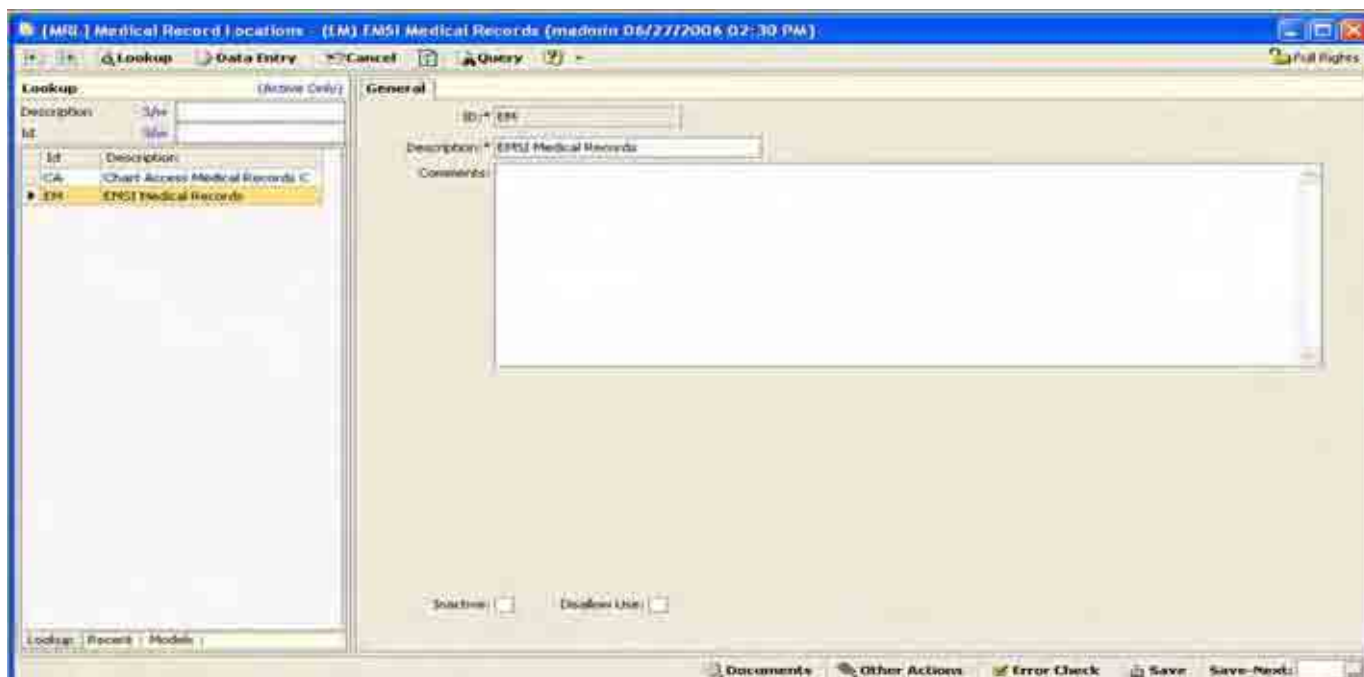
LT	<p><u>License Types**</u></p> <p>This screen has been set up using the standard list of provider credentials and licensing types. This is used when setting up [DR] and [RD] screens. It identifies the provider's credentials (e.g. MD, DO, NP, and PA).</p>
----	--

(MED) Medications

**MED****Medications**

This screen allows you to set up a medications file.

(MRL) Medical Records Locations

**MRL****Medical Records Locations**

This is where the code files for the medical records locations are maintained. It is used to track medical records requested on a patient in the {PA} patient administration screen under the miscellaneous tab.

(PC) Procedure Codes**

[PC] Procedure Codes - [99213] Office Visit (madmin 08/21/2006 11:52 AM)

Lookup Data Entry Cancel Query ? Full Rights

Lookup (Active Only)

Description: Hoi
Id: S/w

Id	Description
100	DUPLICATE
32000	Hospital
36469	Placement of Central Venous C
43846	Obesity Surgery
43846-AS	Obesity Surgery
93000	EXG
93000-S9	EXG/MC
99212	Established Patient
99213	Office Visit
99214	Office or other outpatient visit
99215	FOLLOWUP/VISIT COMPLEX/O
99221	New or Established Patient
99233	Subsequent hospital care
99238	Hospital discharge day manag
99253	Initial Inpatient Consultation
99291	Pediatric Critical Care
DL	Delivery

General Procedure Group Codes: Coding Schedule Overrides: Fee Schedule Overrides: Procedure/Facility/Claim Coding Schedules

Id: 99213

Description: Office Visit Classification: 3 Consultation

Department: EM Evaluation & Manageme Recall - Reason:

Rel Value Units: Risk Drug Code: Lag Days:

Age - From: To: Gender Limit:

Claim Coding Schedules:

Claim Coding Type	Procedure Code*	Type of Service	Prt Desc	P/Only	S/Unit	Bic
MC	99213					
D	99213	1	Medic & Cash			
*						

Fee Schedules:

Fee Schedule Type	Co-Pay	Charge Amt	Profile Amt	Patient Amt	Pat %	Sec O/R	G/ Days	100% Non-C
MC		\$65.00	\$65.00					
D		\$65.00	\$65.00					
*								

Comment:

Inactive: ☐ Disallow Use: ☐

Lookup Recent Models

Documents Other Actions Error Check Save Save-Next

PC

Procedure Codes Table Maintenance****General Tab**

This is one of the most important screens. It not only has an impact on financial settings but on the reporting of productivity as well.

In addition to entering basic procedure codes, you will need to enter procedure codes with a modifier, too. (Example: After entering procedure code 93320, you will want to enter 93320-26, to include occasions when the modifier is used).

Id: Procedure Code

Description: Description of procedure code

Classification: This is hard coded by INCISIVE PM. Click on the ellipsis to make your selection. The user must make the appropriate selection (e.g. 1=Immunization, 2= Laboratory—in order for the CLIA# to print on claims that have lab work, you must select “laboratory” for all CPT codes relating to lab work, etc).

Department: Once the department is set up you can assign procedure codes to appropriate departments such as office visit, x-ray, or laboratory, for reporting purpose.

Recall – Reason: Why the patient would need to come back for follow up after specific procedure.

Relative Value Units: Not implemented at this time.

National Drug Code: this is the NDC for medication.

Lag Days: How many days in between the time the initial procedure is done and the time the recall is sent out.

Age – From – To: Ability to enter an age limit for specific procedure codes

Gender Limit: Ability to enter an select Male or Female only for specific procedure codes

Claim Coding Schedules Grid: This grid is used when specific insurance companies require unique information. Also see CCT – Claim Coding Schedules Table Maintenance.

Claim Coding Schedules:*	Claim Coding Type	Procedure Code	Type of Service	Prt Desc	P/Only	S/Unit	Block 19 - Local Use
	D DEFAULT	93307	NA NO LONGER BEING USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	MCAL MEDI CAL	93307-25	NA NO LONGER BEING USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	MC MEDICARE	93307	NA NO LONGER BEING USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	TRICHP TRIWEST/CHAMPUS	93307	NA NO LONGER BEING USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	WC WORKERS COMP	93307	NA NO LONGER BEING USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Claim Coding Type: e.g. Default, Medi-Cal, Medicare, Triwes, etc.

Procedure Code: Procedure code specific for insurance

Type of Service: NO LONGER USED – view only

Prt Description (Print Description): If box is checked, description will print out on the claim form

P/Only (Paper Only): If box is checked, claim must be filed on paper only

S/Unit (Single Units): If box is checked, can only be filed as single units. The contract settings in INCISIVE MD should match for single units.

Block 19 – Local Use: Information to print in box 19 on a CMS 1500 claim form.

Fee Schedules Grid: Also FST – Fee Schedule Types Table Maintenance.

Fee Schedules:*	Fee Schedule Type	Co-Pay	Charge Amt	Profile Amt	Patient Amt	Pat %	Sec O/R	G/ Days	100%	Non-Cov
	C CASH BASIS	<input type="checkbox"/>	\$500.00		\$200.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D DEFAULT	<input type="checkbox"/>	\$500.00				<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	MCAL MEDI-CAL	<input type="checkbox"/>	\$500.00				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MC MEDICARE	<input type="checkbox"/>	\$500.00				<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	TRICHP TRIWEST/CHAMPUS	<input type="checkbox"/>	\$500.00				<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	WC WORKMENS COMP	<input type="checkbox"/>	\$500.00				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Fee Schedule Type: Type of fee (e.g. cash basis, default, Medi-Cal, Medicare, etc).

Co-Pay: Leave blank

Charge Amount: What you charge for the procedure. To be determined by your office.

Profile Amount: What the insurance company pays for the procedure.

Patient Amount: What the patient is expected to pay. Generally used for cash patients.

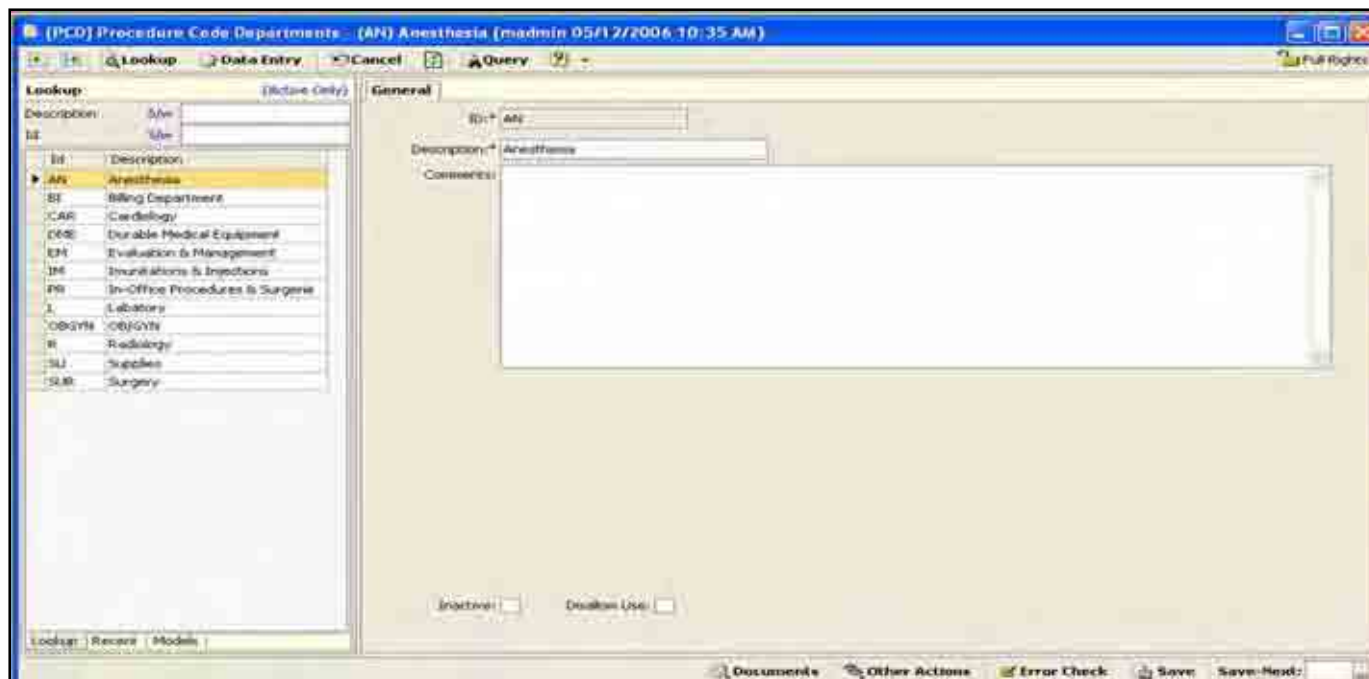
Patient %: Leave blank

	<p>Sec O/R (Secondary Override): Let default to a checked box.</p> <p>G/Days (Global Days): Days allowed between procedures. Generates error at charge entry if within global days.</p> <p>100%: This box MUST be checked if you DO NOT want any patients to get a statement (e.g. Medicaid and workers comp patients), the 100% box must be checked off on the individual fee schedule for the procedure code.</p> <p>Non-Cov (Not Covered): No insurance coverage.</p>
	Comments: For Internal Use, does not populate data on electronic or paper claims.
	For Claim Coding Schedules, see CCT.
	For Fee Schedules, see FST.
	<p>Cash Patients</p> <p>General Tab</p> <p>If the amount that you charge the patient is different from the amount you charge the carrier, you will need to set up a Fee Schedule Type for Cash. Enter the charge Amt, Profile Amt and Patient Amt. If you check Non-Covered Charge (by checking the box), the claim will not print.</p>

General	Procedure Group Codes	Coding Schedule Overrides	Fee Schedule Overrides	Procedure/Facility Claim Coding Schedules	◀ ▶ ▼										
<table border="1"> <thead> <tr> <th colspan="2">Procedure Code</th> </tr> </thead> <tbody> <tr> <td>93320</td> <td>ECHO DOPPLER</td> </tr> <tr> <td>93325</td> <td>ECHO COLOR FLOW</td> </tr> <tr> <td>93307</td> <td>ECHO 2D M-MODE</td> </tr> <tr> <td>*</td> <td></td> </tr> </tbody> </table>						Procedure Code		93320	ECHO DOPPLER	93325	ECHO COLOR FLOW	93307	ECHO 2D M-MODE	*	
Procedure Code															
93320	ECHO DOPPLER														
93325	ECHO COLOR FLOW														
93307	ECHO 2D M-MODE														
*															

PC	<p><u>Procedure Group Codes tab</u></p> <p>This tab is used when grouping the procedure codes together. (e.g. suppose you want to group procedure code 99213 with 93325, 93307. After setting up procedure 99213, go to Procedure Group Codes and enter the corresponding codes.)</p>
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(PCD) Procedure Code Departments

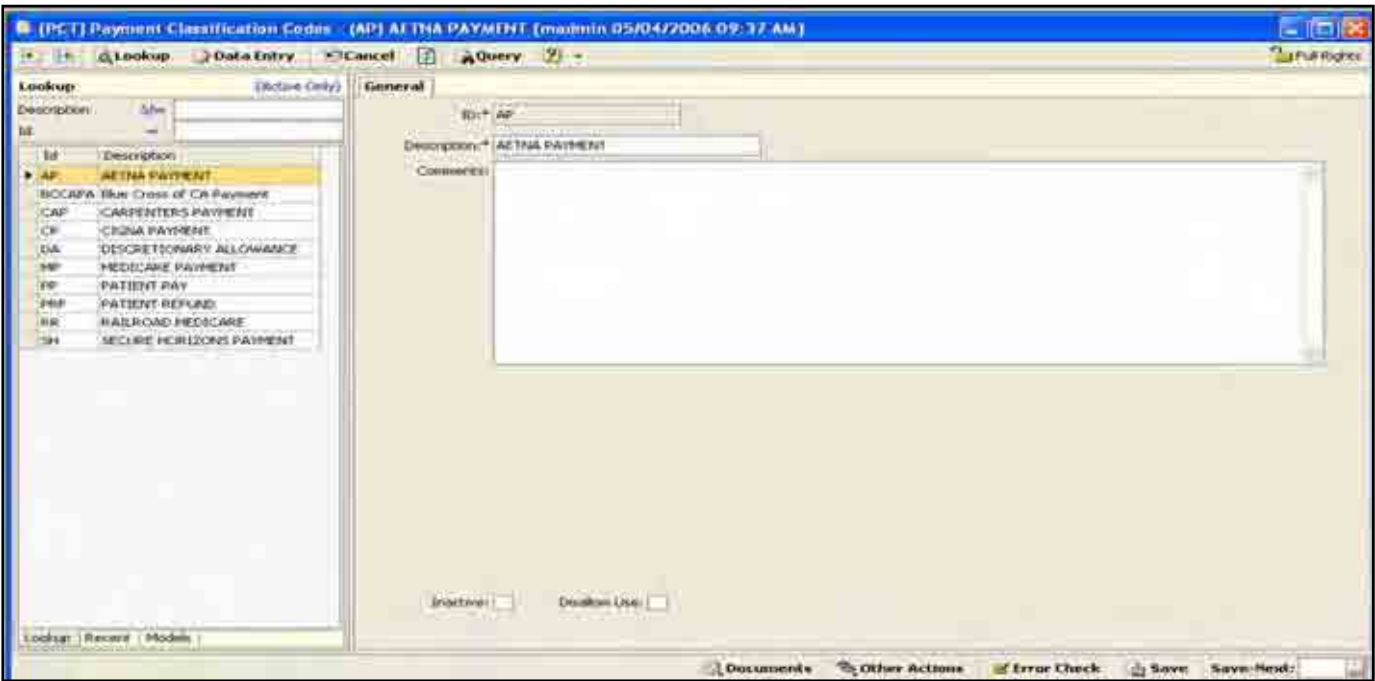


PCD

Procedure Code Department Table Maintenance

This is where you can set department for each area of the practice such as pediatrics, cardiology, x-rays, laboratory and others. It allows you to get procedure analysis by department.

(PCT) Payment Classification Codes



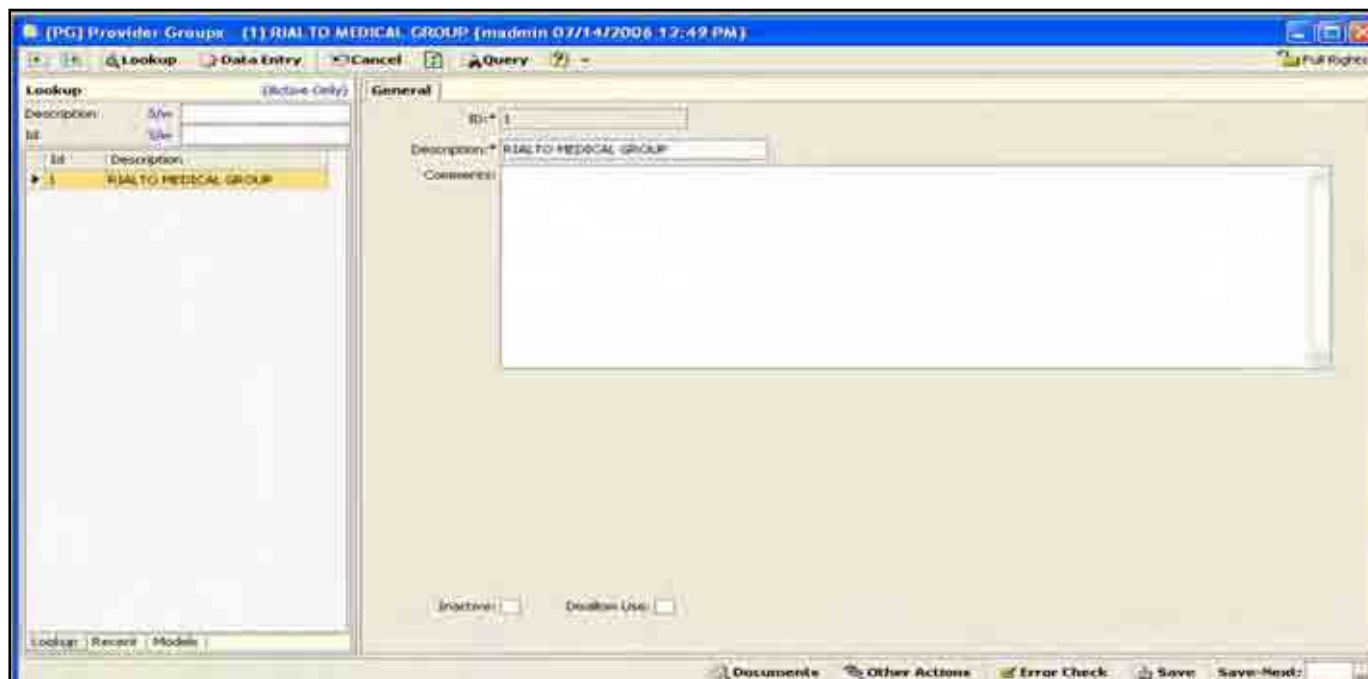
<p>PCT</p>	<p><u>Payment Classification Codes</u></p> <p>This allows you to describe the type of payment you are entering. For example Medicare payment, Medicaid payment, patient payment, insurance payment etc. the information can be entered on the (IC) insurance company screen in the payment classification field. If you entered a default payment classification in the (IC) screen, when you enter a payment from that insurance company, it will default that information for you. This saves time and eliminates the need to search for it when you are entering a payment.</p> <p>NOTE: Because Payment Classification Codes also print out on the statements to allow for easier reading, you should keep this in mind when entering the description.</p>
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(PEF) Print Encounter Forms

PEF**Print Encounter Forms**

From this screen you can print your encounter forms either by patient or by appointment. You can get to the [PEF] by either right clicking on the appointment day, provider or facility in the [AS] screen or you can hit F12 and type in PEF.

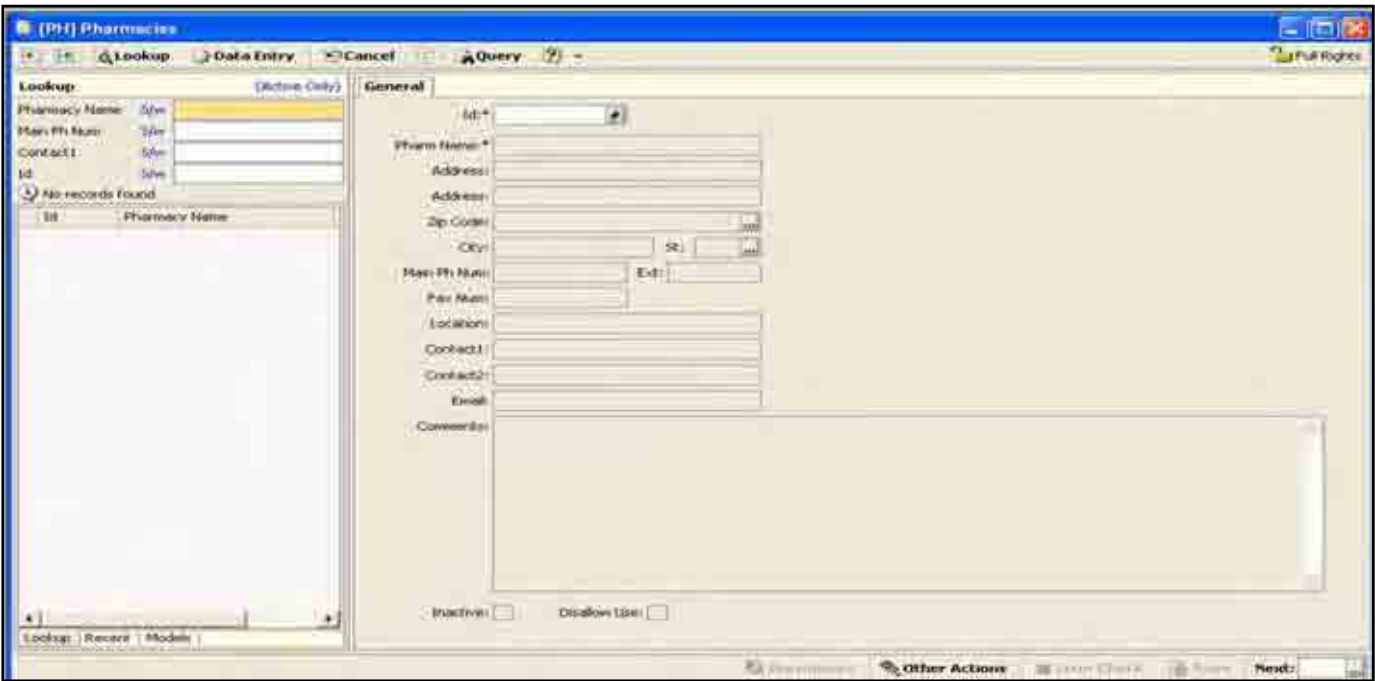
(PG) Provider Groups

**PG**

Provider Groups

In a large clinic setting you may wish to group your providers together by specialty (e.g. general ortho, spinal, neuro, etc.).

(PH) Pharmacies



PH	<p>Pharmacies</p> <p>This screen allows you to set up a pharmacy database file with the pharmacies name, location, phone number and other relevant information.</p>
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(PIR) Primary Insurance Reflag

PIR	Primary Insurance Reflag This function, when run, goes through your system and resets all claim flags to "yes" for claims not paid in the specified period of time specified. The next time you process claims, it picks up those claims.
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(PMC) Payment Methods**

The screenshot shows a software window titled "(PMC) Payment Methods - (C) Cash [admin: 10/12/2006 10:59 AM]". The window has a menu bar with "Lookup", "Data Entry", "Cancel", and "Query". On the left is a "Lookup" panel with a "Description:" field and a list of payment methods: Cash, Check, Mastercard, Non Cash Adjustment, Refund, and Visa. The "Cash" method is selected. The main area is the "General" tab, which contains fields for "ID:" (set to "C"), "Description:" (set to "Cash"), and a checked "Include In Deposit:" checkbox. There is a large "Comments:" text area below these fields. At the bottom of the main area are "Inactive:" and "Default Use:" checkboxes. The status bar at the bottom includes "Documents", "Other Actions", "Error Check", "Save", and "Save-Next".

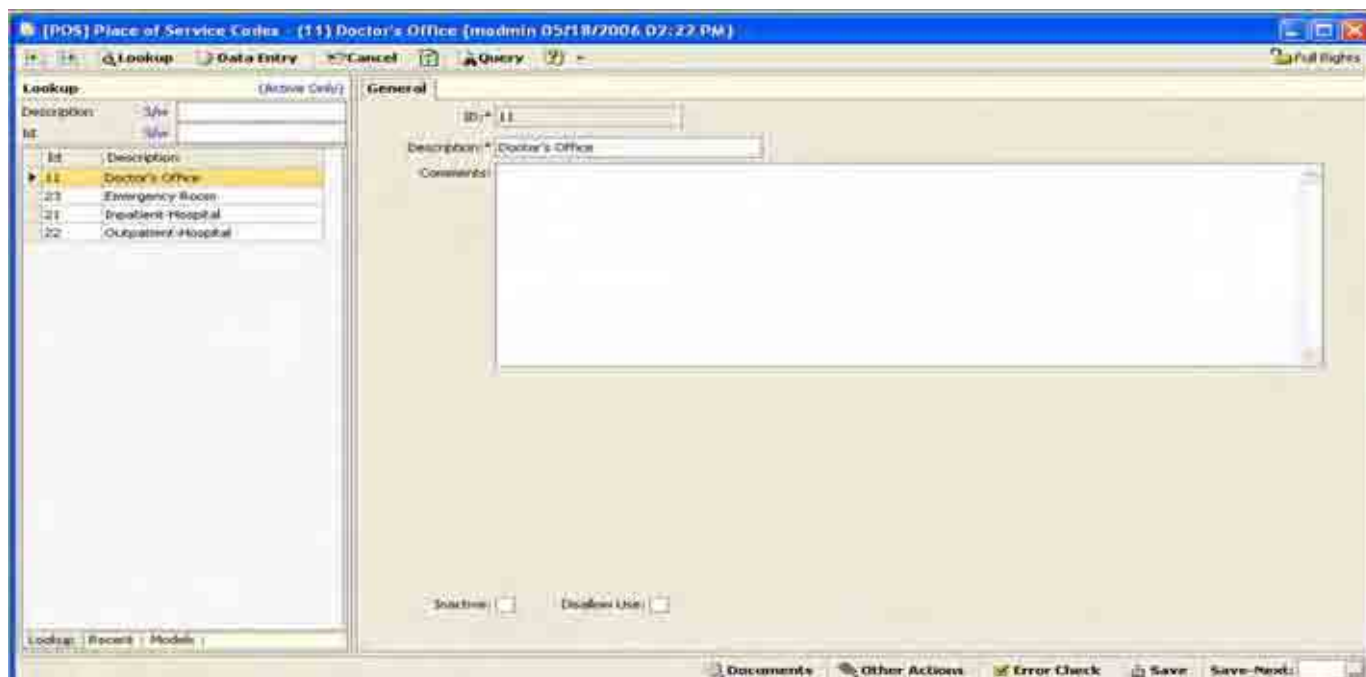
PMC

Payment Methods Table Maintenance**

PMC allows you to set up the different codes describing how the payment was made. It is part of the payment screen (PE) and identifies the method of payment--cash, check, non-cash adjustments, credit cards, etc.

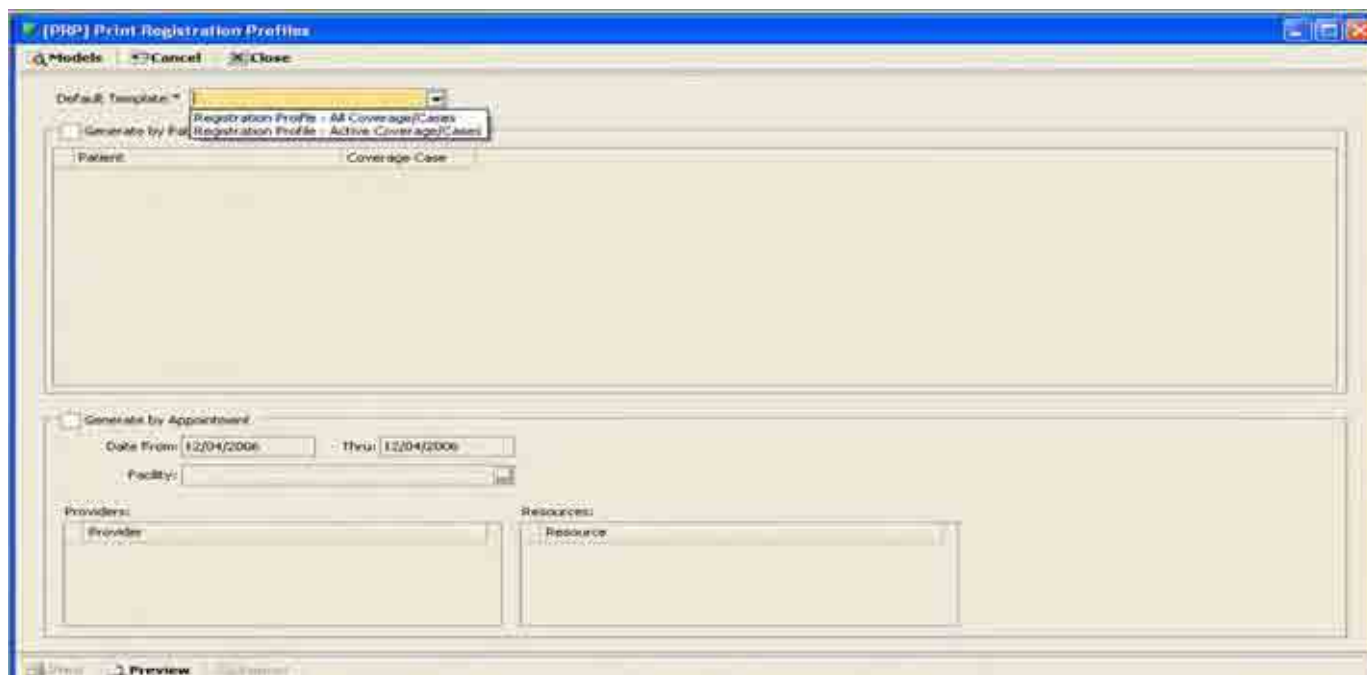
You also have the ability to decide whether or not the method prints on the daily deposit slip, by checking the "include in deposit" box. For example: if you do a non-cash adjustment, you may not want it to print on your deposit slip.

(POS) Place of Service Codes**



POS	Place of Service Codes** This screen has been set up using the standard HIPAA Place of Service codes.
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(PRP) Print Registration Profiles

**PRP****Print Registration Profiles**

From this screen you can print your registration summaries either by patient or by appointment. You can get to the (PRP) by either right clicking on the appointment day, provider or facility in the (AS) screen or you can hit F12 and type in PRP

(PTC) Patient Classifications

PTC

Patient Classifications

This is a user defined field. It can be utilized for anything that the client wants to note on a patients [RI] screen. Some offices that have multiple locations use it to identify which location the patient is seen at quickly, while others use it to identify the insurance/account type they may have.

(PY) Payees**

The screenshot shows a software window titled "(PY) Payees - (1) DUBLOP, DON (modified 06/05/2006 10:35 AM)". The window has a menu bar with "Lookup", "Data Entry", "Cancel", and "Query". Below the menu bar is a "Lookup:" section with a table of payees. The table has columns for "Id", "Name", and "Status". The first two rows are highlighted: "1 DUBLOP, DON" and "2 VEGA ARMUNDO MD". To the right of the table is a "General" form with fields for "Id", "Name", "Address", "City", "State", "Zip Code", "Main Pfx Num", "Secnd Pfx Num", "Grp Natl Prov Id", "Elect Stat", "C/Code", "Password", "Proc Routine", and "Comments". The "Name" field is filled with "DUBLOP, DON", "Address" with "2900 ADAMS STREET", "City" with "Riverside", "State" with "CA", and "Zip Code" with "92504". The "Main Pfx Num" field is filled with "951-688-9100". The "Proc Routine" field is filled with "HTA.MIM.Secr.DefaultPayeeElectronic". At the bottom of the window are buttons for "Documents", "Other Actions", "Error Check", "Save", and "Save Next".

PY

Payee Table Maintenance**

PY allows you to set up the name and address of the doctor, clinic or organization to direct payment. This information will print out on box 33 of the CMS-1500 form. It is also where the electronic statement's customer code and password are stored. Statements also pull the "pay to" and return address from the (PY) screen. If you have a multi physician office and you want the patient to receive only one statement from your office, even though they have seen different doctors at you facility, the payee id #'s must be the same on the (DR) screen for all the physicians involved.

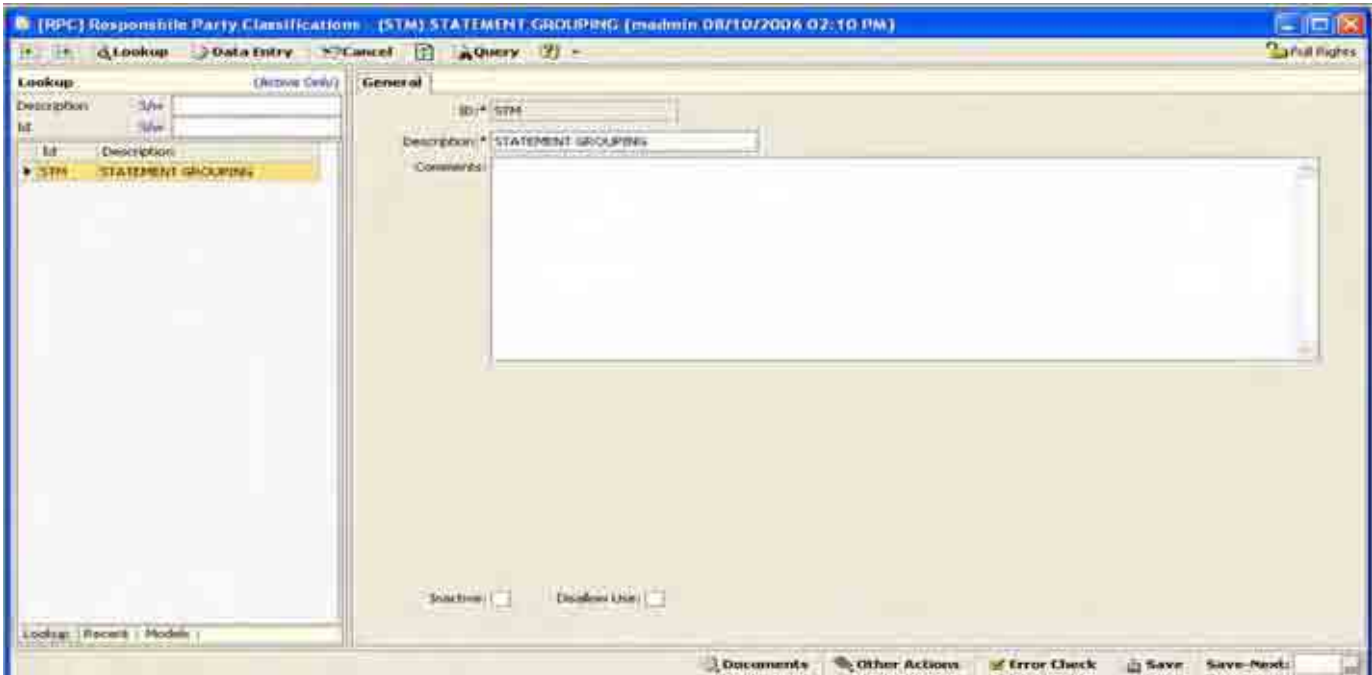
The group NPI number goes on this screen.

Un-applied payments use the Payee in the Registration screen. All others use the Payee in the Provider screen.

(RD) Referring Doctors**

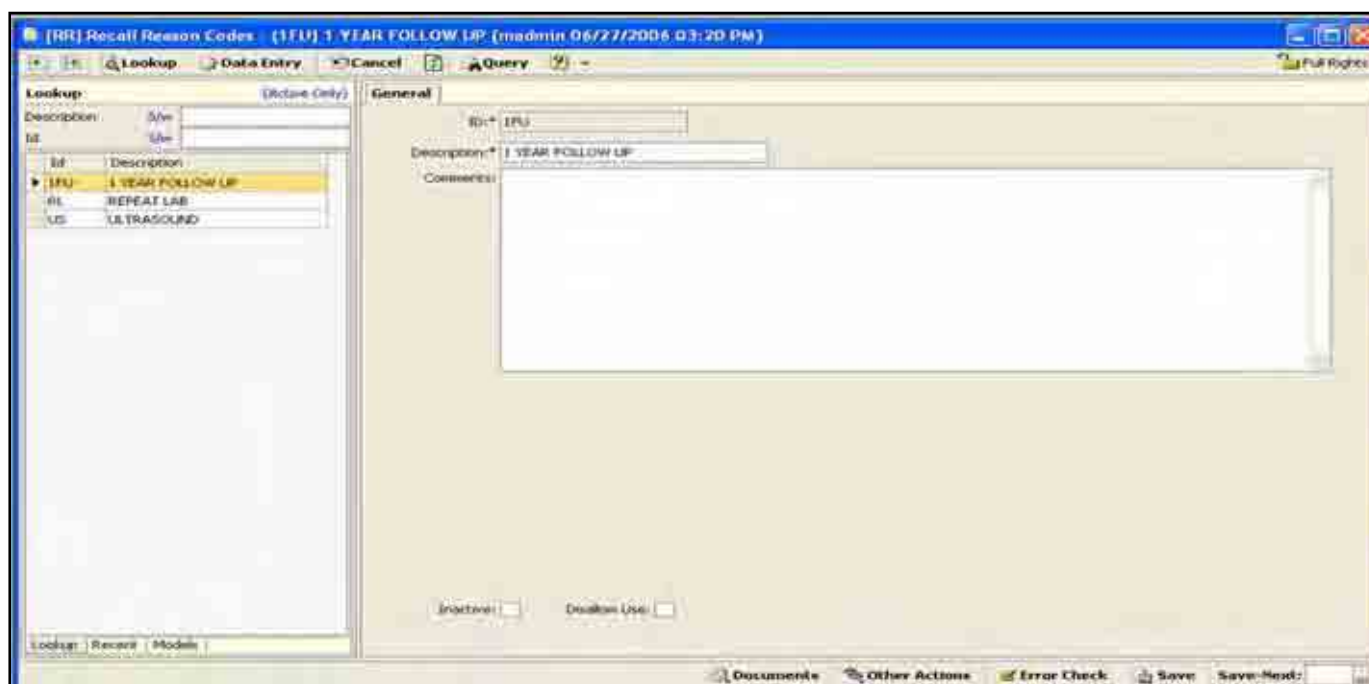
RD	Referring Doctors**
	<p>The RD screen is used to record providers who refer patients. This information populates in the referring doctor field on both printed and electronic claim forms. You need to include the UPIN #.</p>
	<p>Name – Last and First: Last and first name of referring physician</p>
	<p>Address, City, State, and Zip: Address information of referring physician</p>
	<p>Phone, Fax, and Cell Phone Number: Telephone, Fax and Cell phone number of referring physician</p>
	<p>Pro Lic Type (Professional License Type): Click on the ellipsis to choose from the License Type Table, e.g. MD, DO, NP, etc.</p>
	<p>Lic Number: State License Number of referring physician</p>
	<p>Social Security: Social Security of referring physician</p>
	<p>Tax Id: Tax id of referring physician</p>
	<p>UPIN: UPIN number of referring doctor. This field is used as the Primary Legacy Identifier</p>
	<p>Nat'l P/ID: NPI number of referring doctor</p>
	<p>UPIN Override Schedule: The override values and ID qualifiers are taken from the corresponding Ovr Num and Override Number Identification columns.</p>

(RPC) Responsible Party Classification



RPC	<div data-bbox="298 1050 937 1100"><u>Responsible Party Classification</u></div> <div data-bbox="298 1125 1477 1247"><p>This allows you to group responsible parties for statement processing purposes. For example: You could create a classification for people in Collections. Then when processing statements you could exclude these people from the normal statement run and review/run them differently. If you do employee physicals you could classify employers as different responsible parties than people.</p></div>
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(RR) Recall Reason Codes

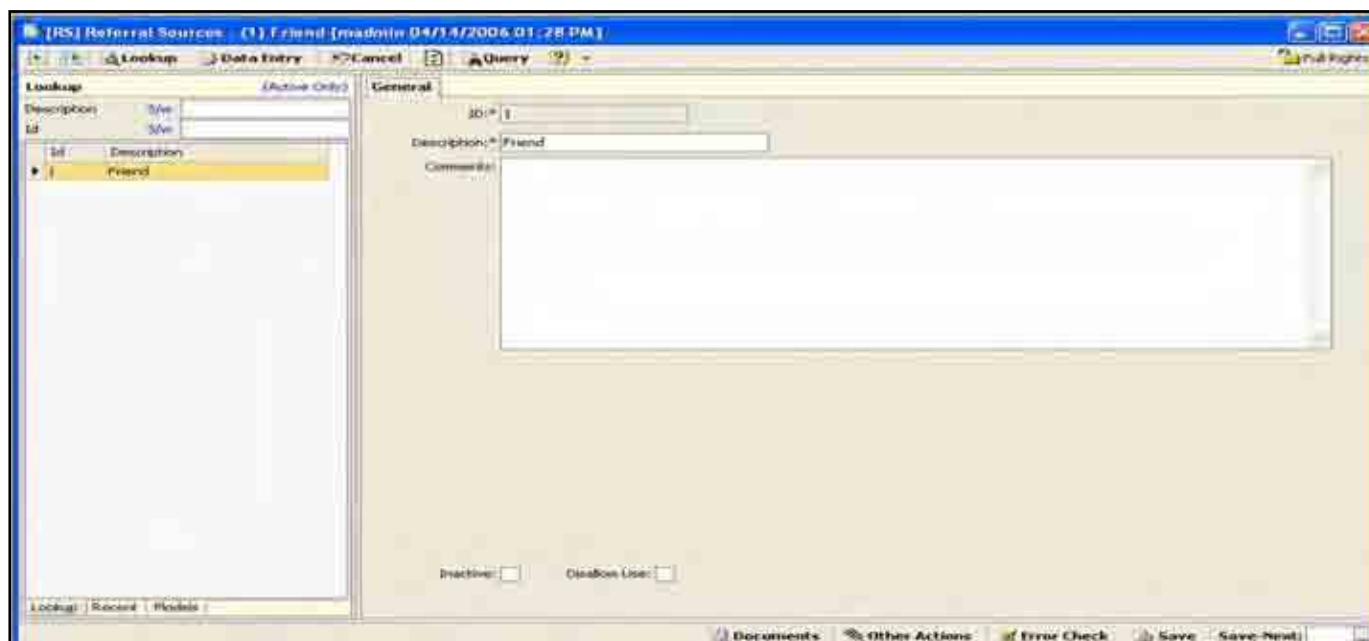


RR

Recall Reason Codes

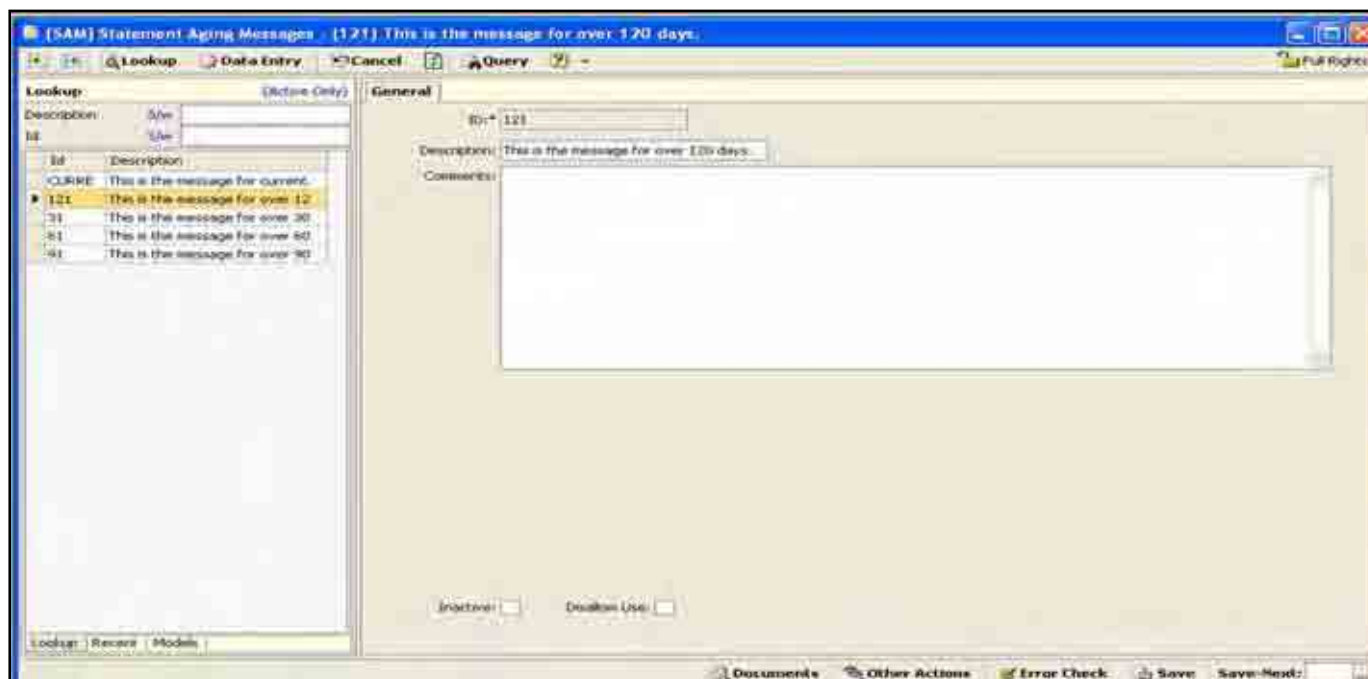
RR is designed to record and track the reasons you want the patients to return. If you save your reasons in the database, they will be more readily available to you the next time.

(RS) Referral Sources

**RS****Referral Sources**

This field allows you to set up a database file that tells you how this patient was referred to you. Examples include: physician referral, provider referral service or a friend.

(SAM) Statement Aging Messages

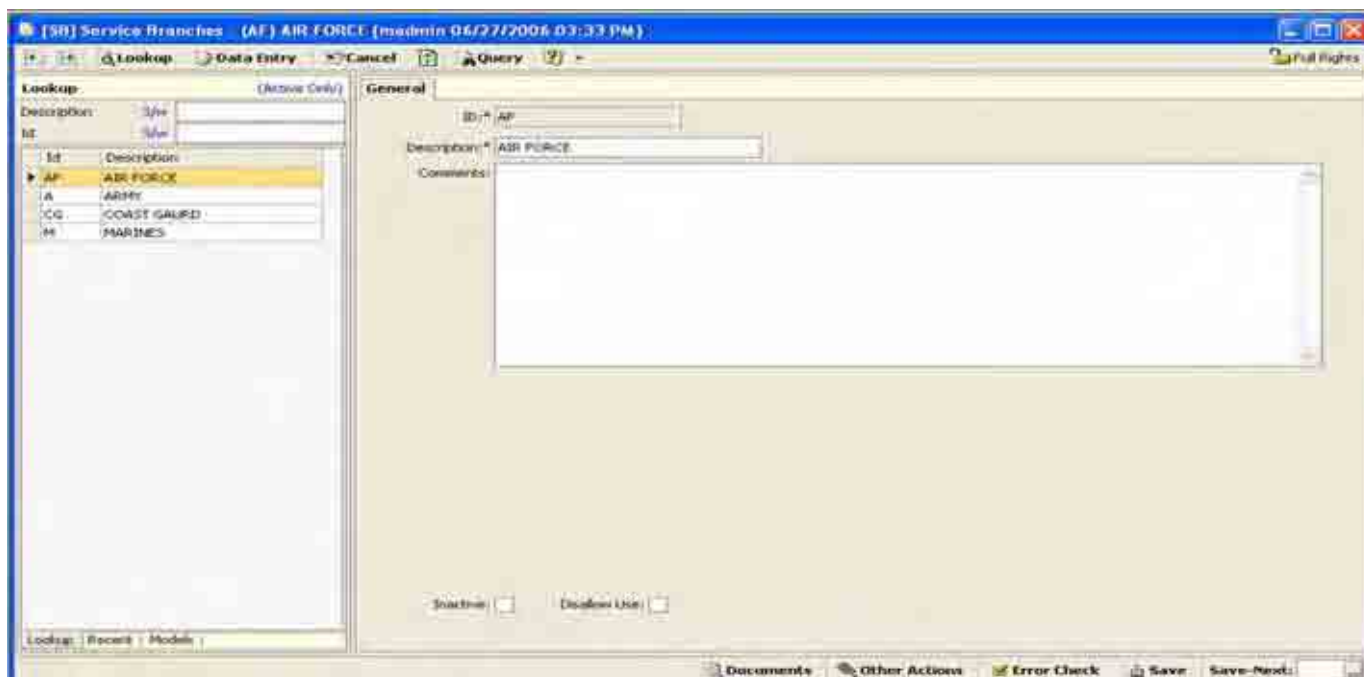


SAM

Statement Aging Messages

SAM messages appear on the statements, if you choose to print your statements with the aging detail. You will need to change the statement message prior to sending your statements for the first time, since they are set with generic messages. The messages can be changed anytime; you just can't change the ID#. If you still want the aging to print but do not want a message, delete the description.

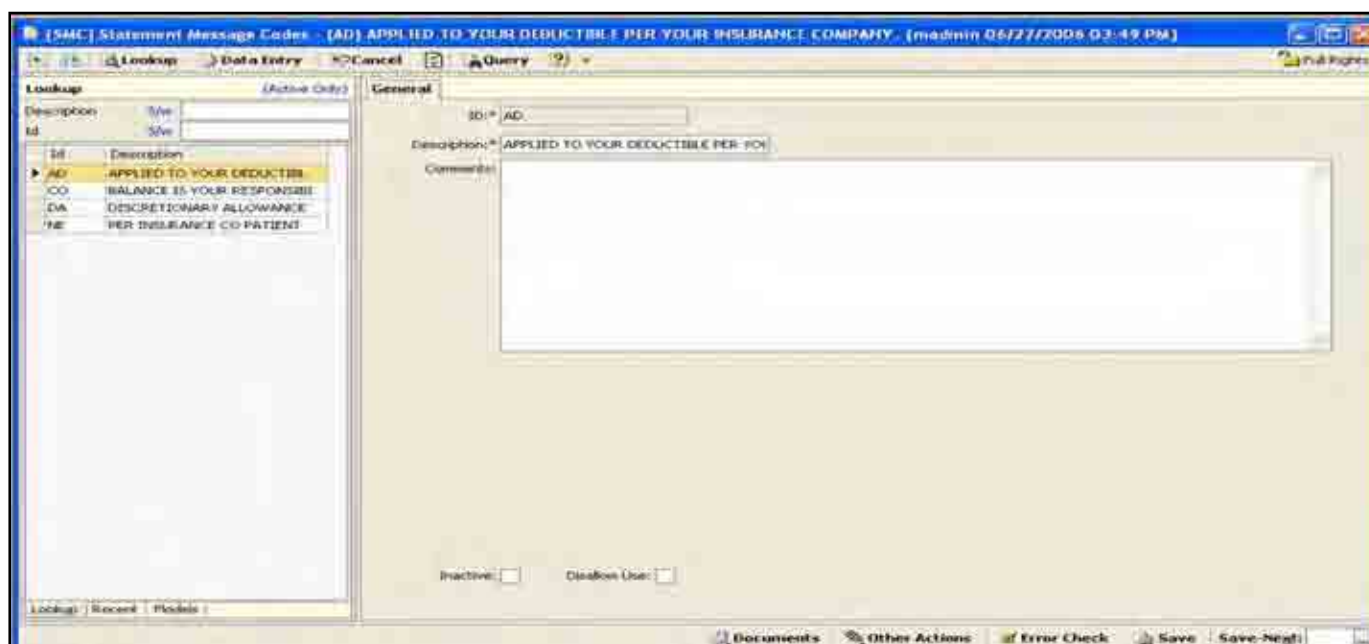
(SB) Service Branches

**SB**

Service Branches

This screen has been set up using the standard list of uniform services. This information is used for CHAMPUS and CHAMPVA claims. (Army, Navy, Air Force, Marines, etc).

(SMC) Statement Message Codes

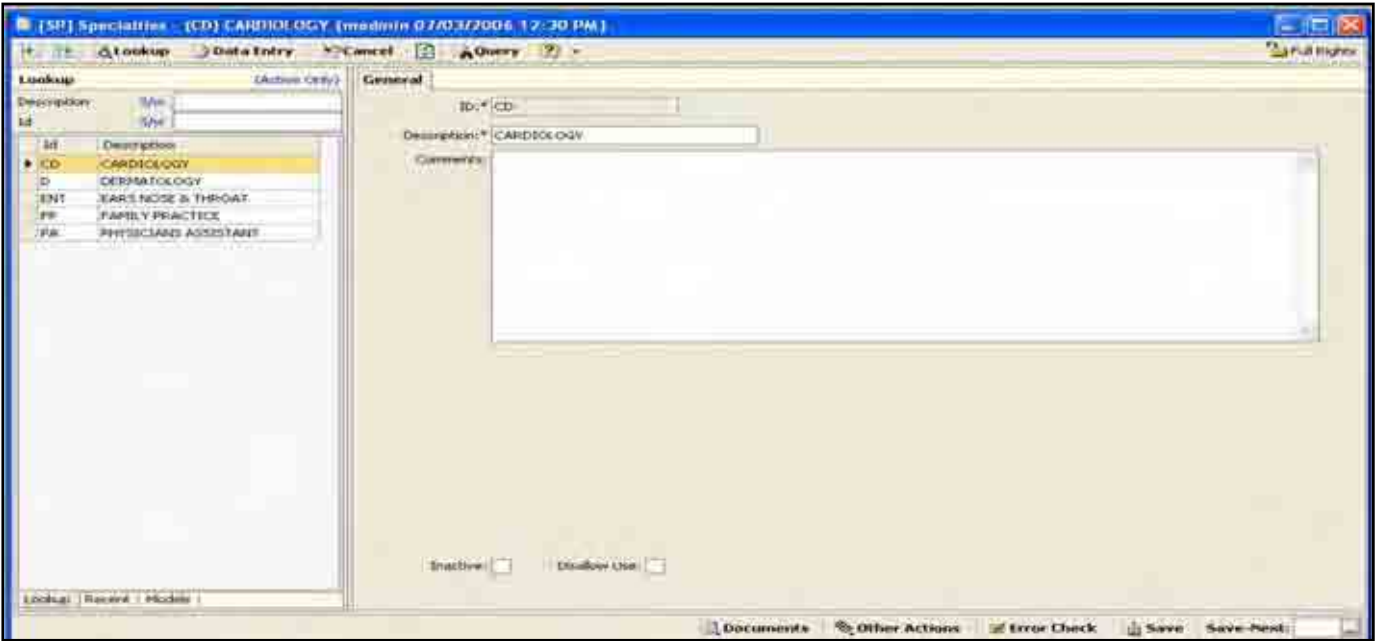


SMC

Statement Message Codes

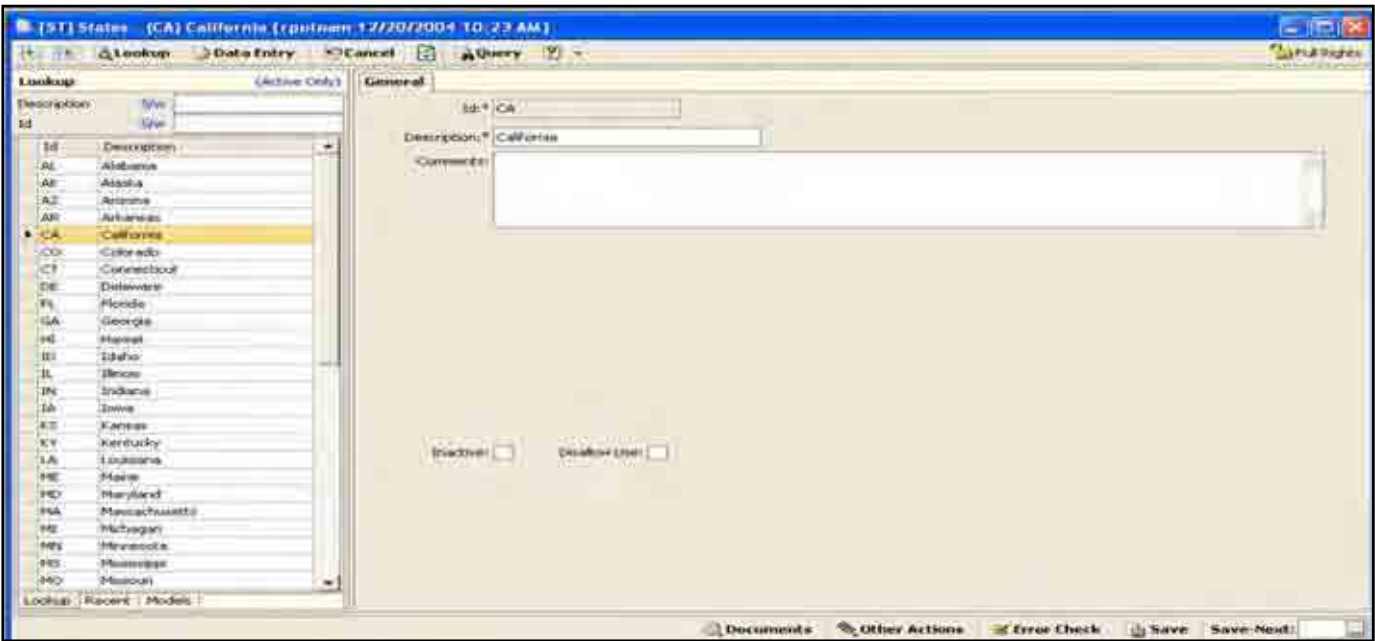
SMC allows you to enter messages that you to include on the statements. (Example: a message informing the patient that his insurance company has paid, and the remaining balance is his responsibility.) Select this message to print on the statement when you post the payment. It can also be used for the individual procedure code lines thru the charge entry screen under the financial management tab.

(SP) Specialties



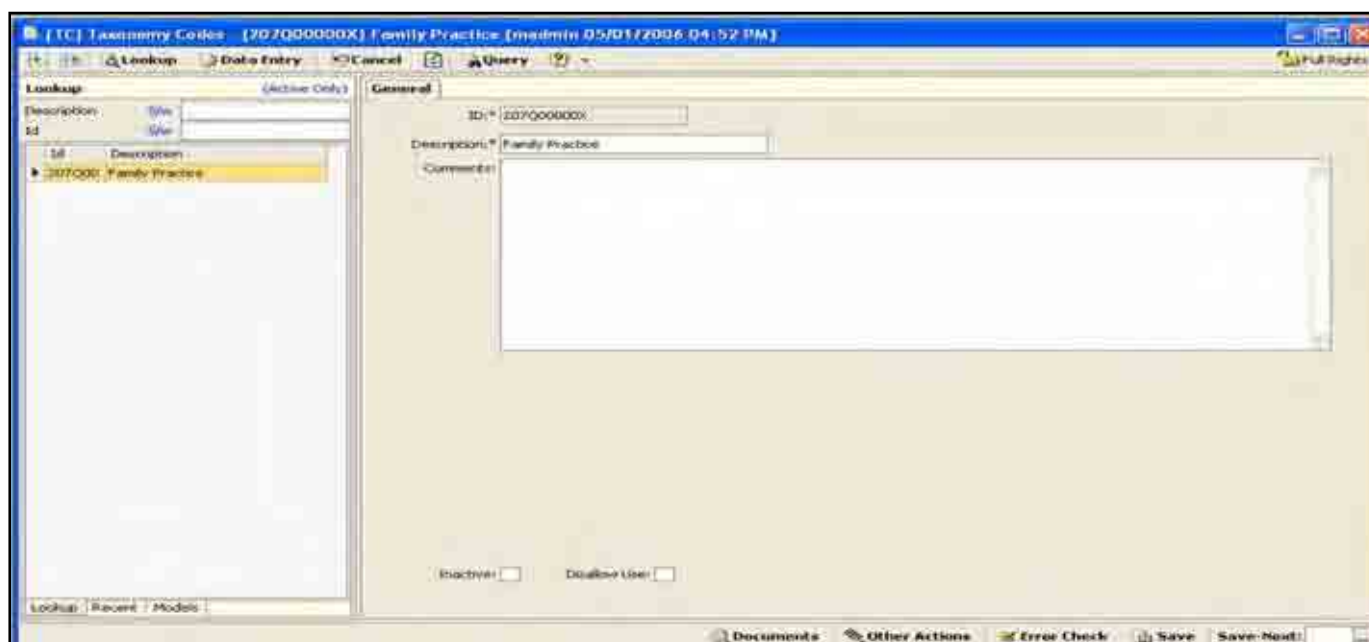
SP	<p>Specialties</p> <p>This screen has been set up using the standard list of specialists and is accessed from the [DR] Providers screen & the [RD] Referring Doctors screen.</p>
----	---

(ST) States**



ST	<div data-bbox="298 1050 472 1098">States**</div> <div data-bbox="298 1125 1323 1159">This screen has been set up using the standard US Postal Service list and state codes.</div>
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(TC) Taxonomy Codes**



TC

Taxonomy Codes**

This screen has been set up using the standard HIPAA Taxonomy codes (also known as Specialty Codes), these 9-digit numbers are assigned under the HIPAA provisions to health care providers, digitally encoding their specialty, thus facilitating electronic billing.

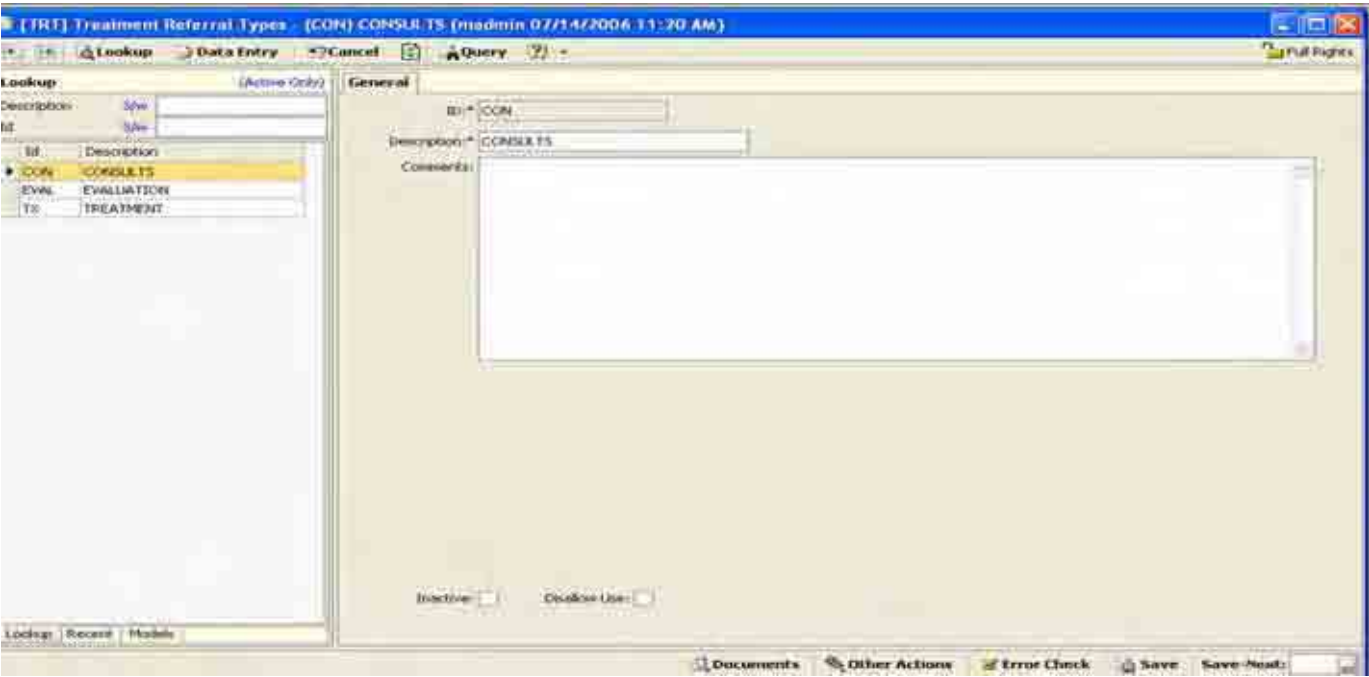
(TD) To Do

TD

To Do

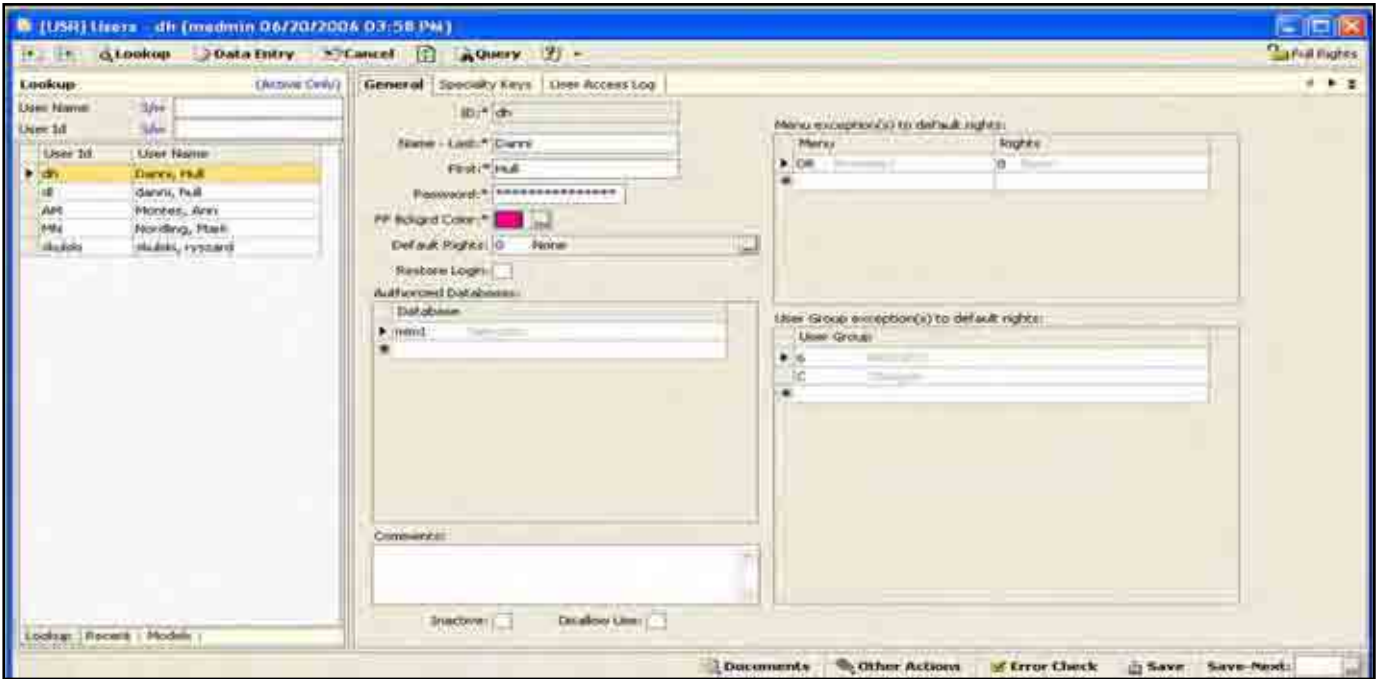
Follow up activities can be set thru the charge, registration, account management and patient administration screens they can be assigned to individual users and tracked from here if they have a follow-up date assigned to it. If you have administrative documents (e.g. collection letters, clinical documents, recalls or follow up letters), they can be integrated from here by right clicking, highlighting the row, and selecting the document you want to print. These documents are then recorded in the appropriate history listing. There are also generic fields available for selection when creating a document using the [DE] Document Editor form to allow proper merging from the [TD] form.

(TRT) Treatment Referral Types



TRT	<p><u>Treatment Referral Types</u></p> <p>Used in [PA] patient administration to determine what type of referral is being issued. Examples would be consults, evaluation and treatment, follow-up care, etc.</p>
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(USR) Users**



USR	User Table Maintenance**
	<p>Each user must log into the system with their individual user name and password. The practice administrator or authorized person is responsible for the set-up and maintenance of the User Table. Each user can be authorized for individual or multiple databases and granted privileges for all tasks or limited to only specific tasks. User groups can also be set up. (e.g. you can set the appointment schedulers up as a group, providing access to information pertinent to scheduling and limiting access to other areas like charge and payment entry, etc.) Each user, at a minimum, must have at least the default rights set up.</p> <p>The restore login check box is used as a security measure. If the box is checked, and you maximize the application, INCISIVE PM will ask you to re-enter your password. It then brings up the same screen you were using before the screen was minimized.</p> <p>When a user is no longer authorized to access the system (e.g. terminated employee), the administrator must change the user to inactive status and disallow access. The user should not be deleted from system as this affects the transaction history. There is also a user access log that tracks the date and time when a user logs on and off. If you want to look at the access log by either date range or user, use UAL.</p> <p><i>Please complete the following information for each user.</i></p> <p>ID: Generally, the first and last initials of the individual's name</p> <p>Name - Last: Last name of the individual</p> <p>First: First name of the individual</p> <p>Password: Unique password for each individual</p> <p>FF Background Color: Background color for data entry fields.</p>

	Default Rights: To be determined on an individual bases. Each user at a minimum must have at least the default rights set up.
	Restore Login: Checked. This box can be used as a security measure. If the box is checked and the application is minimized and then maximized, you will be asked to re-enter your password. It will then bring up the same screen you were at before you minimized it.
	Authorized Databases: Each user can be authorized for individual or multiple databases and granted privileges for all tasks or limited to only specific tasks.
	Comments: For Internal Use
	Menu exception(s) to default rights: e.g. you want a user to only have View Only rights on everything but be able to have Administrator Rights to the RI – Registrations and Related Information screen.
	User Group exception(s) to default rights: e.g. a user groups can be set up for appointment schedulers, so that they can only have access to information pertinent to scheduling and not have or have limited access to other areas like charge and payment entry, etc.
	Inactive and Disallow Use Check Boxes: When a user is no longer authorized to access the system (e.g. terminated employee), the administrator needs to change the user to inactive status and disallow use. The user should not be deleted from system as this affects the transaction history. There is also a user access log that tracks the date and time the user access the application. For a specific date use the (UAL)

(ZC) Zip Codes**

[ZC] Zip Codes (92504) Riverside CA [msadmin 04/04/2006 11:55 AM]

Lookup: (Active Only)

Id: Zip City State

City: Zip State

Zip	City	St
30999	Augusta	GA
75080	RICHARDSON	TX
90017	LOS ANGELES	CA
92210	Indian Wells	CA
92211	Palm Desert	CA
92234	Cathedral City	CA
92260	Palm Desert	CA
92503	Riverside	CA
92504	Riverside	CA
92506	Riverside	CA
92508	San Bernardino	CA
92509	Riverside	CA
92517	RIVERSIDE	CA
92553	Morano Valley	CA
92557	Morano Valley	CA
92586	Sun City	CA
92661	Laguna Beach	CA
95927	CHICO	CA
98208	Riverside	CA

General

Id: 92504

City: Riverside

State: CA California

Comments:

Inactive: ☐ Double Use: ☐

Documents Other Actions Error Check Save Save Next

ZC**Zip Codes****

This screen has been set up using the standard US Postal Service list of zip codes.

